

File No. Z-18015/26/2016-eGov**GOVERNMENT OF INDIA**

Ministry of Health &amp; Family Welfare (MoHFW)

DOHFW DEPARTMENT

E-HEALTH

**SUBJECT**

Main Category :

Sub Category :

Description : Matters related to "Patient Satisfaction System Application (PSSA)  
(Mera aspataal) "**OTHER DETAILS**

Language :

Remarks :

Subject: **Re: Draft Letter to be sent to the States - Hospital Feedback Solution**

Date: 06/14/16 07:32 PM

From: "Dr. Varun Goyal" <varun@saathii.org>

To: Sunil Sharma JS <sunil.sharma62@gov.in>

Cc: "Jitendra Arora, Dir. eHealth MoHFW" <dir.ehealth@gmail.com>

Anurupa Roy <anurupa.n.s@gmail.com> ,

manoj jhalani <manoj.jhalani@nic.in> ,

manoj jhalani <manojjhalani@gmail.com> ,

Dr J N Srivastava <jn.nhsro@gmail.com> ,

Sai Subhasree Raghavan <subha@saathii.org> ,

mc <mc@saathii.org> ,

Alok Kumar Verma MOHFW <alokkumar.verma@nic.in> ,

parminder gautam <gautamparminder@gmail.com> ,

Dr Himanshu Bhushan <drhimbhushan@gmail.com> ,

सुनील कुमार <sunil.bhushan@gov.in> ,

"S.K.Sinha" <sinha.sk@nic.in> ,

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Office of Joint Secretary (SS)

FTS No. 293180/2016

Date 16/06/16

*Dr. (eGov) O.T.*  
*1st AC*  
*AD (eGov)*

Ver 2 Draft Letter from MOHFW to States 140616.doc... (16kB)

Respected Sunil Sir,

Based on your valuable inputs, enclosed is the second draft of letter seeking support from the states for hospital feedback solution.

Kindly approve the same.

On Tue, Jun 14, 2016 at 4:51 PM, Dr. Varun Goyal <varun@saathii.org> wrote:

Dear Sir,

As suggested, Enclosed is the draft letter requesting information from the states for Hospital Feedback Solution for your kind perusal.

Look forward to your suggestions/comments.

PS: Thanks Dr. Anurupa for her support in drafting the same.

--

Regards & Thanks:

**Dr. Varun Goyal**

PPP Specialist

Project Sambhuya: Engaging Private Sector to Improve RMNCH+A Outcomes in India

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Regards & Thanks:

**Dr. Varun Goyal**

PPP Specialist

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**Sub: Introduction to Ministry of Health and Family Welfare "Hospital Feedback Solution" Project and Seeking Support from States for its Integration with Computerized Registration System of District Hospitals**

Dear.....

India is dedicated towards improving its public healthcare system. Since the objective of any healthcare system is to provide patient-centric care, a technology based collection of patient feedback will help in improving quality of services.

The Ministry of Health & Family Welfare (MOHFW) is in the process of designing and implementing a Hospital Feedback Solution (HFS) in public and empanelled private hospitals. This will be an Information, Communication and Technology (ICT) based solution with multi-channel approach viz. web page, mobile application, Short Message Service (SMS) and Interactive Voice Response System (IVRS) to collect the patient feedback on services received. The National Health Systems Resource Centre (NHSRC) department is helping the MOHFW in creating the processes and the United States Agency for International Development (USAID) is helping in designing the software solution for the same. The HFS application is proposed to be launched on **15th August, 2016**. The patient feedback will be captured in a logical way with maximum time limit of 2 minutes.

The HFS application itself is capable of near to real time analysis of data and provide meaningful insights to analyse the performance at different levels i.e. from facilities to national level. Further the government can develop action plans based on the performance which will eventually lead to improved patient experience.

Currently, this project will be implemented in hospitals with computerized registration system (CRS) which will further be integrated with the HFS application to share the following patient information on a daily basis:

- Hospital NIN number, Patient Name, Patient Registration id, Mobile number, Telephone number, Aadhaar number, Hospital visit date, Type of patient (outpatient/inpatient) and Consulted department name.

The application will automatically contact the patient (outpatient after the closure of outpatient department and the inpatient at the time of discharge) using the above information to capture the feedback.

The hospitals will share the above patient related data using web services that will be integrated with the HFS application. In case the web service is not available, the patient data should be made available through Comma Separated Values (CSV) format uploaded to a File Transfer Protocol (FTP) at a scheduled time.

Therefore, it is requested to the facilities of concerned states to share above patient related information on daily basis with the HFS application through the above requested formats.

It is also requested to nominate one Chief Information Officer (CIO) either for facility with individual hosting environment or facilities with a common hosting environment who will coordinate with the MOHFW for all queries related to this integration.



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Office of Joint Secretary (CC)

27/05/16  
Date: 17/5/16

Subject: **Re: Seeking Appointment to Discuss regarding Patient Feedback Solution for Government Hospitals and Understand the Process of involving the NIC Department** Date: 05/15/16 10:31 PM  
From: manoj jhalani <manojjhalani@gmail.com>

To: "Dr. Varun Goyal" <varun@saathii.org>  
Cc: J N Srivastava <jn.nhsr@gmail.com>,  
Sunil Kumar <sunil.bhushan@gov.in>,  
sunil bhushan <sunil.bhushan@nic.in>,  
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Sunil Sharma JS <sunil.sharma62@gov.in>

*AD(eGov) P1 file in Acha Plan new file*  
*Received on 25/5/16. Akh 25/5/16*  
*Jfor 24/5/16*

Thanks Dr Varun.

The HFM inquired about the progress yesterday and Secretary wants this rolled out at the earliest. We have to also provide the SMS type solution also immediately, Sunil Bhushan to help work this out. Before the 20th presentation, we need to discuss this, preferably in a day or two.  
regs

On 14 May 2016 at 17:07, Dr. Varun Goyal &lt;varun@saathii.org&gt; wrote:

Dear Dr. Srivastava,

To further discuss and solve the concerns raised during our last meeting with Sr. Sunil Kr. Bhushan on 27th April, we met him again on 13th May and following are the key points for follow up:

1. NIC will provide the cloud infrastructure for hosting the patient feedback application during both the pilot and scale-up phase.
2. SAATHII would do all the necessary installation/configuration to make the server production ready (Technology stack will be choice of SAATHII).
3. The source code would be made available to NIC (Provided via a GIT access).
4. SAATHII would conduct the necessary security/VAPT testing of the software before go live.
5. SAATHII will provide the workflows and wireframes before the development cycle
6. NIC would provide inputs as in where needed.
7. NIC would provide the server remote access to the MoHFW which in turn will be provided to SAATHII after the required approvals.
8. The first phase would involve only Webpage and Mobile app for collecting the patient feedback. In case of IVRS and SMS based collection process, more clarity is required in terms of infrastructure and management requirement, operational flows etc. during the scale-up period.
9. SAATHII to contact Centre of Health Informatics to get more information on National Integration Number which can possibly be linked to the patient feedback solution.

We are working on finalization of presentation for 20th May meeting. Look forward to your suggestions and guidance.

Regards  
Varun Goyal  
SAATHII

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On Mon, May 9, 2016 at 11:15 AM, J N Srivastava <[jn.nhsr@gmail.com](mailto:jn.nhsr@gmail.com)> wrote:

Dear Varun

Trust that by now you and your colleagues would have arrived at a solution to the issues/concerns mentioned by Shri Sunil Kumar Sr. Technical Director NIC in his mail dated 30<sup>th</sup> April 2016. We need to be building a consensus fast.

As advised by JS (P) during our meeting on 21<sup>st</sup> April 2016, when you were also present, we need to make a presentation to higher authorities for finalisation of the concept, implementation framework and plan for its roll-out after piloting & mid-course correction, if any. In this context, a Presentation needs to be made before Secretary (H&FW) & AS & MD NHM on Friday 20<sup>th</sup> May 2016 at 2 pm. An update on the subject matter is requested.

Thanks & Regards

Dr J N Srivastava  
Advisor - QI  
NHSRC,  
NIHFW Campus, Baba Gangnath Marg,  
Munirka,  
New Delhi - 110067  
Tel: 011-26108982 – 93

**From:** [sunil.bhushan@gov.in](mailto:sunil.bhushan@gov.in) [mailto:[sunil.bhushan@gov.in](mailto:sunil.bhushan@gov.in)]

**Sent:** 30 April 2016 10:50

**To:** Dr. Varun Goyal <[varun@saathii.org](mailto:varun@saathii.org)>; [sunil.bhushan@nic.in](mailto:sunil.bhushan@nic.in)

**Cc:** [manoj.jhalani@nic.in](mailto:manoj.jhalani@nic.in); [l.yaden@nic.in](mailto:l.yaden@nic.in); [alokkumar.verma@nic.in](mailto:alokkumar.verma@nic.in); Arvind Kumar Pandian <[akumar@usaid.gov](mailto:akumar@usaid.gov)>; Dr J N Srivastava <[jn.nhsr@gmail.com](mailto:jn.nhsr@gmail.com)>; Dr Himanshu Bhushan <[drhbhushan@gmail.com](mailto:drhbhushan@gmail.com)>; parminder gautam <[gautamparminder@gmail.com](mailto:gautamparminder@gmail.com)>; Amit Mishra <[dr.amitmishra@gmail.com](mailto:dr.amitmishra@gmail.com)>; Sai Subhasree Raghavan <[subha@saathii.org](mailto:subha@saathii.org)>; mc <[mc@saathii.org](mailto:mc@saathii.org)>; S.K.Sinha <[sinha.sk@nic.in](mailto:sinha.sk@nic.in)>

**Subject:** Re: Seeking Appointment to Discuss regarding Patient Feedback Solution for Government Hospitals and Understand the Process of involving the NIC Department

Dear Varun,

Process of transferring application to NIC involves following issues after piloting:

1. NIC does not have manpower, MoHFW need to provide required manpower for customization and development.
2. NIC does not involve in operations of the application.
3. Data will be responsibility of the MoHFW.
4. Source code of application with proper technical handing over will be required.
5. NIC will be able to take over Web page, Mobile App only. IVRS can not be taken over by NIC.
6. Hosting will be responsibility of SAATHII.

You may discuss further details with Sh S K Sinha, Senior Technical Director at 146-A wing in Nirman Bhawan.

Regards,

Sunil Kumar

On 04/29/16 03:07 PM, "Dr. Varun Goyal" <[varun@saathii.org](mailto:varun@saathii.org)> wrote:

Respected Sir,

Thanks for taking your time to meet us on 27th April to discuss the patient feedback framework and the process of transferring it to the NIC department after completion of the pilot phase. Kindly see the brief summary of our discussions for your follow-up.

1. Based on the MOHFW suggestions, the patient feedback solution will be piloted in selected facilities (hospitals at district level & above) in 5-6 states.
2. MOHFW suggested to consider all the four channels to collect the patient feedback i.e. Mobile App, Webpage, IVR (automated outbound call only) and SMS during the pilot phase.
3. SAATHII team to provide the channel wise technical flow of patient feedback collection, analysis and reporting.

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4. SAATHII to provide the infrastructural and management requirements for all the four channels during the pilot and Pan-India operational stage.
  5. SAATHII team to present the options to ensure data security and government ownership during the transfer process.
- We will coordinate with you to further schedule the meeting to address point no. 3, 4 and 5.

Please let us know if you have any suggestion or recommendation for us before next meeting. Look forward.

On Mon, Apr 25, 2016 at 6:21 PM, Dr. Varun Goyal <[varun@saathii.org](mailto:varun@saathii.org)> wrote:

Respected Sir,

Greetings from SAATHII.

Pursuant to our discussions regarding the MOHFW's proposed project "Patient Feedback Solution for Government Hospitals" today, we are hereby attaching the model presentation for your kind perusal.

Currently, there is a lack of robust and patient-friendly feedback and satisfaction measurement system at public health facilities and the provision of healthcare is not patient-centered. The USAID and MOHFW conducted meetings to find out the possible user-friendly solution for collecting the patient feedback, develop tools for the real time data analysis, a web/mobile based insights dashboard and an automated system for reporting and alerts.

SAATHII (a national not-for-profit technical assistance organization), the USAID's implementing partner, is working with their IT partners to develop this solution and planning to roll out the model at 20 district hospitals across 5-6 states for a duration of 6-12 months on pilot basis.

The team (SAATHII & the USAID), along with NHSRC officials met Sh. Manoj Jhalani, Joint Secretary (Policy), MOHFW, on 21st April to present the initial proposition and to seek his valuable suggestions to finalize the model. The JS (Policy) has recommended this solution to be developed on BOT (Build, Operate, Transfer) mode where SAATHII will develop and operate the solution for a limited period followed with knowledge and product transfer to the National Informatics Centre (NIC) organization who will be the actual authority to operationalize this solution at the National level. Moreover, the NHSRC department will provide an institutional structure to link this system with the Quality Improvement program.

The JS (Policy) has further recommended us to meet you to discuss regarding the technicalities of the proposed model and the likely process of transfer to the NIC department. So, we request you to provide us with a suitable time this week to discuss it in length.

Look forward to hearing from you.

--

Regards & Thanks:

**Dr. Varun Goyal**

**PPP Specialist**

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Subject: **Re: Seeking Appointment to Discuss regarding Patient Feedback Solution for Government Hospitals and Understand the Process of involving the NIC Department** Date: 05/18/16 10:30 AM From: "Dr. Varun Goyal" <varun@saathii.org>

To: manoj.jhalani <manojjhalani@gmail.com>

Cc: mc <mc@saathii.org>, J N Srivastava <jn.nhsr@gmail.com>, "Dr. Sanjiv Kumar" <sanjiv.kumar@nhsrindia.org>, Amit Mishra <dr.amitmishra@gmail.com>, parminder gautam <gautamparminder@gmail.com>, Dr Himanshu Bhushan <drhbhushan@gmail.com>, l.yaden@nic.in, manoj.jhalani@nic.in, Sai Subhasree Raghavan <subha@saathii.org>, sunil.bhushan@nic.in, "S.K.Sinha" <sinha.sk@nic.in>, Arvind Kumar Pandian <akumar@usaid.gov>, alokkumar.verma@nic.in, सुनील कुमार <sunil.bhushan@gov.in>, sunil.sharma62@gov.in, Vijay Rasquinha <vijay@mahiti.org>

Office of Joint Secretary (SS)  
271636/16  
18/5/16

Respected Sh. Manoj Jhalani Sir and the Dignitaries,

Thank you for taking your time to review the presentation on patient feedback solution and your valuable guidance throughout the discussions. As discussed, kindly see below the minutes of yesterday meeting for your kind perusal.

**Minutes of Meeting to Review Presentation on Patient Feedback Solutions and Discussion with NIC Officials on Technological Requirements, Challenges and Proposed Solutions**

Date: 17<sup>th</sup> may 2016  
Chairperson: Sh. Manoj Jhalani JS (P)  
Attendees:

Venue: office of JS (Policy)

1. Sh. Sunil Sharma JS (SS)
2. Sh. Alok Kumar Verma, Director (Stats)
3. Sh. Sunil kumar Sr. Tech. Director, NIC
4. Sh. SK Sinha, NIC
5. Dr. J.N. Srivastava, Advisor QI NHSRC
6. Dr. Parminder Gautam, Sr. Consultant QI NHSRC
7. Dr. Varun Goyal, PPP Specialist, SAATHI
8. Mr. Vijay, Director, Mahiti

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JS (P) extended a warm welcome to all the participants followed by a brief round of introduction. Dr. Varun Goyal made a presentation on the challenges, concept, design and road map of collecting and analysing feedback from patients. He informed that all the suggestions made by JS (P), NIC, and NHSRC in earlier meetings have been incorporated. Mr. Vijay explained the technical details of the project.

**Some the key points discussed were:**

1. JS (P) informed that the scope of this application is not limited to public hospitals only. In near future, private hospitals especially those empanelled with MoHFW under National social protection schemes would also be included;
2. Information requirements should be finalized through larger consultation by involving DGHS, Medical Superintendents from AIIMS, RML Hospital and few District Hospitals.
3. JS (P) asked the technical agency to work towards linking Aadhar Card with the authentication process. In case the Aadhar card is not linked with mobile number of a user then capture it directly through the registration system.
4. Mr. Alok suggested that the options for the question related to availability of drugs and diagnostics should be: All, Some and None.



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5. JS (P) suggested that the patient feedback solution should start immediately in hospitals which are managed under the provision of MOHFW at National level and the centralized IT based patient registration system is functional and hosted on NIC cloud and the district hospitals which are linked to e-hospital system.
6. Mr. Sunil Kumar mentioned that NIC will provide access to the patient information (e.g. name, telephone no., Aadhar no., OPD/IPD department, discharge date etc.) to the technical agency for hospitals where pilot will be implemented.
7. Mr. Sunil Kumar raised concerns related to costs. NIC will provide its cloud space for the pilot phase of two years. After the pilot phase when the application is stabilized and scaled up to include health facilities across India, the system may require huge space and costs. Second is the maintenance cost of four applications viz. SMS, IVRS, mobile app and website. Third is the cost of calls made (only outbound call to the user) and SMS sent and received from the user. JS (P) informed that MoHFW would bear all of these costs.
8. Mr. Sunil Kumar also requested that considering the context, impact and costs involved in the project, it would be prudent if a formal request is sent to Director General NIC from health Secretary's office.
9. Mr. Sunil Kumar also discussed the administrative issues related to data sharing from district and other hospitals having their own servers. The specific requirements are: 2 MBPS Internet connectivity and secure tunnel for transfer of data from local server to the NIC cloud where the data will reside.
10. Mr. Sunil Kumar indicated that the technical agency will provide the infrastructure and technological requirements related to SMS and IVRS system for calculating the tentative cost.
11. JS (P) advised the technical agency to work on its Dash board to make it attractive, more informative, and user friendly.
12. JS (P) suggested to use the statement 'NIC/any agency decided by the MOHFW' for transfer process in Stakeholder Engagement slide.

SAATHI will make a detailed presentation on 20<sup>th</sup> May 2016 in the office of Health Secretary after incorporating suggestions made in this meeting and taking inputs from office of DGHS, AIIMS, RML Hospital and few district hospitals.

Please incorporate if I have left something important.

Regards  
Varun Goyal  
SAATHII

On Sun, May 15, 2016 at 9:03 PM, सुनील कुमार <sunil.bhushan@gov.in> wrote:

NIC will provide VMs for pilot only. For scaleup decision will be taken as per requirements.

आदर सहित  
सुनील कुमार

On 14 May 2016 5:07 p.m., "Dr. Varun Goyal" <varun@saathii.org> wrote:

Dear Dr. Srivastava,

To further discuss and solve the concerns raised during our last meeting with Sr. Sunil Kr. Bhushan on 27th April, we met him again on 13th May and following are the key points for follow up:

1. NIC will provide the cloud infrastructure for hosting the patient feedback application during both the pilot and scale-up phase.
2. SAATHII would do all the necessary installation/configuration to make the server production ready (Technology stack will be choice of SAATHII).
3. The source code would be made available to NIC (Provided via a GIT access).
4. SAATHII would conduct the necessary security/VAPT testing of the software before go live.
5. SAATHII will provide the workflows and wireframes before the development cycle
6. NIC would provide inputs as in where needed.

[https://mail.gov.in/iwc\\_static/layout/shell.html?lang=en-US&3.0.1.2.0\\_15121607](https://mail.gov.in/iwc_static/layout/shell.html?lang=en-US&3.0.1.2.0_15121607)

2/7



Subject: Re: "Hospital Feedback Solution" Project - brief regarding  
To: KB Agarwal <asfnd.kb@gmail.com>  
Cc: Sunil Sharma JS <sunil.sharma62@gov.in>

Date: 06/19/16 08:27 PM  
From: Jitendra Arora <dir.ehealth@gmail.com>

Sir

Its about obtaining the feedback from Patient about the service they receive in Public health care facilities and not for the Impact analysis.

NHM division took the initial initiative as per the Action Item in the Presentation by Group of Secretaries to Hon'ble PMO.

Hon'ble HFM has already given consent.

Regards

Jitendra Arora  
Director(eHealth)  
Ministry of Health and Family Welfare  
Nirman Bhawan (Room 307D)  
New Delhi - 110108.  
+91-11-23062317 (Telefax),  
+91-9868453680(Mobile)

Office of Joint Secretary (SS)  
FTS No. \_\_\_\_\_  
Dctg. \_\_\_\_\_

On Sun, Jun 19, 2016 at 8:04 PM, KB Agarwal <asfnd.kb@gmail.com> wrote:

Is it a sort of evaluation of impact only? Who decided on this?

Kind Regards

KB Agarwal ias  
Additional Secretary  
Ministry of Health & Family Welfare  
Govt of India

On Sun, Jun 19, 2016 at 7:33 PM, Jitendra Arora <dir.ehealth@gmail.com> wrote:

Madam,

As desired in the meeting of "Working Group for use of Technology to transform the developmental paradigm" held on 16.06.2016 at 4.00 PM under the Chairmanship of the Principal Secretary, Health & Family Welfare the brief about Hospital Feedback Solution is as below :

### "Hospital Feedback Solution"

India is dedicated towards improving its public healthcare system. Since the objective of any healthcare system is to provide patient-centric care, a technology based collection of patient feedback will help in improving quality of services.

The Ministry of Health & Family Welfare (MOHFW) is in the process of designing and implementing a Hospital Feedback Solution (HFS) in public and empanelled private hospitals. This will be an Information, Communication and Technology (ICT) based solution with multi-channel approach viz. web page, mobile application, Short Message Service (SMS) and Interactive Voice Response System (IVRS) to collect the patient feedback on services received. The National Health Systems Resource Centre (NHSRC) department is helping the MOHFW in creating the processes and the United States Agency for International Development (USAID) is helping in designing the software solution for the same. The HFS application is proposed to be



launched on **15th August, 2016**. The patient feedback will be captured in a logical way with maximum time limit of 2 minutes.

The HFS application itself is capable of near to real time analysis of data and provide meaningful insights to analyse the performance at different levels i.e. from facilities to national level. Further the government can develop action plans based on the performance which will eventually lead to improved patient experience.

Currently, this project will be implemented in hospitals with computerized registration system which will further be integrated with the HFS application to share the following patient information on a daily basis:

- Patient Name, Hospital ID, Patient Registration id, Mobile number, Telephone number, Aadhaar number, Hospital visit date, Type of patient (outpatient/inpatient) and Consulted department name.

The application will automatically contact the patient (outpatient after the closure of outpatient department and the inpatient at the time of discharge) using the above information to capture the feedback.

The hospitals will share the above patient related data using web services that will be integrated with the HFS application. In case the web service is not available, the patient data should be made available through Comma Separated Values (CSV) format uploaded to a File Transfer Protocol (FTP) at a scheduled time.

Therefore, the facilities is to be shared above patient related information on daily basis with the HFS application through the above requested formats.

Regards

Jitendra Arora  
Director(eHealth)  
Ministry of Health and Family Welfare  
Nirman Bhawan (Room 307D)  
New Delhi - 110108.  
+91-11-23062317 (Telefax),  
+91-9868453680(Mobile)

Subject: **DO letter from Secretary (HFW) to Secretary (DeitY) for allocation of resources**

To: "J. N. Srivastava" <jn.nhsr@gmail.com>

Cc: 'manoj jhalani' <manojjhalani@gmail.com>,

'Sunil Sharma JS' <sunil.sharma62@gov.in>,

"Dr. Varun Goyal" <varun@saathii.org>

Office of Joint Secretary (JS)

FTS No. 297482/2016

Date 21/06/16

Date: 06/17/16 05:20 PM

From: Alok Kumar Verma <alokkumar.verma@nic.in>

DO letter from Secretary HFW to Secretary DeitY fo... (602kB)

Sir,

Please find attached the letter sent from Secretary (HFW) to Secretary (DeitY) for allocation of resources.

JS (P) has desired that the list of 100 hospitals may be finalised at an early date. CDAC had given a list of hospitals where their Hospital Management System is operational. Hospitals finalized by JS (eGovernance) have to be chosen with the exception of SMS of Jaipur. Some hospitals have to be chosen where NIC's eHospital is operational. JS (P) has desired that 5 District Hospitals each of Andhra Pradesh and Tamil Nadu have to be chosen as per the choice of these States. So, you may contact these States and ask them to share their choice of 5 Districts.

Once the list of hospitals is finalised, a DO letter will be written to the concerned States informing them about the proposed launch of Patient Feedback System (PFS) and requesting them to appoint the nodal officer and share information with PFS.

Regards,

Alok Kumar Verma  
Director (Statistics)  
Ministry of Health & Family Welfare  
Room No. 512, A Wing  
Nirman Bhawan  
New Delhi – 110 011  
Tel: 011 – 2306 2677

new file

JS  
21/6/16

AD (e-gov)

JS (e-gov)  
21/6





भानु प्रताप शर्मा  
सचिव  
**B.P. SHARMA**  
Secretary



भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण विभाग  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
Government of India  
Department of Health and Family Welfare  
Ministry of Health & Family Welfare

D.O.No. NHSRC/16-17/QI/01/Patients' Satisfaction  
Dated : 16<sup>th</sup> June, 2016

Dear Dr. Sharma

Ministry of Health and Family Welfare (MoHFW) is in the process of designing and implementing an ICT-based Patient Feedback System in public and empanelled private hospitals. The objective is to improve quality of care by obtaining patient feedback through technology-based solutions and develop action plans at different levels of the health system, i.e from facility to national level. MoHFW plans to launch the application on 15<sup>th</sup> August, 2016. Initially, 100 Hospitals where Hospital Management System (HMS) – like e-Hospital from NIC – is already functional will be considered.

A multi-channel approach will be used to collect patient feedback i.e web portal, mobile application, Short Message Service (SMS), Interactive Voice Response System (IVRS). For these channels to function we request following support from NIC:

- I. Resources on NIC Cloud: 02 vCPU with 4 GB RAM – 2 Nos, 04 vCPU with 8GB RAM – 2 Nos, 08 vCPU with 32 GB RAM – 2 Nos along with Disaster Recovery resources.
- II. Infrastructure for Interactive Voice Response System (IVRS) of NIC : 10 PRI Lines (300 voice lines), Media Gateway, Standalone Server – 2 Nos.
- III. SMS Gateway of NIC : 2 Lakhs SMSs per day to the patients who visited Hospitals. Sender ID:FEEDBK. Long Code, Return URL, Keyword for getting the feedback. SMS Integration with the Application.
- IV. Data from e-Hospital on the patients, who visit hospitals on daily basis through web-service or through offline. Data format will be shared with e-Hospital team.
- V. E-mail Integration with application through No-reply option.

Contd....2

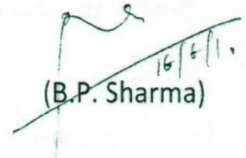
कमरा नं 156, ए-स्कंध, निर्माण भवन, नई दिल्ली-110011  
Room No. 156, A-Wing, Nirman Bhawan, New Delhi-110011  
Tele : (O) 011-23061863, Fax : 011-23061252, E-mail : secyhwf@gmail.com

: 2:

I request you to kindly instruct the concerned officers to provide these resources to MoHFW along with details of any requirement of funds. For any clarifications, Shri Manoj Jhalani, Joint Secretary (Policy) at [manoj.jhalani@nic.in](mailto:manoj.jhalani@nic.in) or Tel : 011-23063693, may be contacted.

With regards

Yours sincerely,

  
(B.P. Sharma)

Dr. Aruna Sharma  
Secretary,  
Department of Electronics & Information Technology (DeitY)  
Ministry of Communications & IT,  
Electronics Niketan, 6, CGO Complex, Lodhi Road,  
New Delhi – 110 003.

Copy to : Smt. Neeta Verma, Director General, National Informatics Centre,  
Department of Electronics and IT, A-Block, CGO Complex, Lodhi Road, New  
Delhi – 110 003, with the request to arrange resources for this important  
project.

Pl. min @ DeitY  
by speed post  
R.P.  
17/6





Amit Kumar &lt;amitkumariss34@gmail.com&gt;

---

**Fw: Minutes of Meeting regarding Integration of Patient Satisfaction System Application and SMS Gateway under National Health Portal (NHP)**

2 messages

---

**Ankit Tripathi** <at@nihfw.org>  
To: "Amit Kumar AD, eGov" <amitkumariss34@gmail.com>

Wed, Jul 6, 2016 at 6:30 PM

FYI.

Best regards,

Ankit Tripathi  
Additional Director  
Centre for Health Informatics,  
NIHFW, Ministry of Health and Family Welfare, New Delhi  
Phone: +91-11-26165959 Ext.- 264, Fax: +91-11-26101623  
Mobile: +91-7838363525  
Email: [ankit.tripathi@gov.in](mailto:ankit.tripathi@gov.in), [at@nihfw.org](mailto:at@nihfw.org)

---

**From:** Dr. Varun Goyal <[varun@saathii.org](mailto:varun@saathii.org)>

**Sent:** 04 July 2016 18:15**To:** ANKIT TRIPATHI**Cc:** [gaurav.sharma@nihfw.org](mailto:gaurav.sharma@nihfw.org); Sai Subhasree Raghavan; mc; Vijay Rasquinha; Sunil Sharma JS; Jitendra Arora, Dir. eHealth MoHFW**Subject:** Minutes of Meeting regarding Integration of Patient Satisfaction System Application and SMS Gateway under National Health Portal (NHP)

Dear Mr. Ankit and Mr. Gaurav,

It was great meeting your team to discuss regarding process of integration between Patient Satisfaction System application and SMS gateway of National Health Portal (NHP)

Following were the key points discussed during the meeting:

1. SAATHII will send JSON request with patient demographic details to NHP Application server on daily basis.
2. NHP will process and send SMS to the user list provided in JSON.
3. NHP will capture user feedback and pass on to SAATHII API.
4. SAATHII has three type of SMS Template and each message has been differentiated by different keyword, so that SAATHII team can identify the user response.
5. NHP will give a dashboard for the summary on how many we have received request, processed and user responded day wise.

This has been decided that the SAATHII will share a SOP document with work flows with NHP and NIC departments so that further steps can be chalked out.

--



Regards & Thanks:

**Dr. Varun Goyal**

PPP Specialist

Project Sambhuya: Engaging Private Sector to Improve RMNCH+A Outcomes in India

**SAATHII**

S-56-A, Panchsheel Park,

New Delhi 110 017, India

Landline (+91 11) 4100 7035

Mobile +91 96508 00348

email: [varun@saathii.org](mailto:varun@saathii.org)

---

## Welcome to SAATHII | SAATHII

[saathii.org](http://saathii.org)

Solidarity and Action Against The HIV Infection in India: A collective of non-government organizations within and outside of India.

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skype: [varungoyal1984](https://www.skype.com/people/varungoyal1984)

web <http://www.saathii.org>

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---

**Amit Kumar** <[amitkumariss34@gmail.com](mailto:amitkumariss34@gmail.com)>  
To: Ashish Sharma <[ashish.sharma.css@gmail.com](mailto:ashish.sharma.css@gmail.com)>

Mon, Jul 11, 2016 at 11:41 AM

----- Forwarded message -----

From: **Ankit Tripathi** <[at@nihfw.org](mailto:at@nihfw.org)>

Date: Wed, Jul 6, 2016 at 6:30 PM

Subject: Fw: Minutes of Meeting regarding Integration of Patient Satisfaction System Application and SMS Gateway under National Health Portal (NHP)

To: "Amit Kumar AD, eGov" <[amitkumariss34@gmail.com](mailto:amitkumariss34@gmail.com)>

[Quoted text hidden]

राष्ट्रीय स्वास्थ्य एवं परिवार कल्याण संस्थान  
(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन एक स्वायत्तशासी संस्थान)



आरोग्यम् सुखसम्पदा

National Institute of Health and Family Welfare

(An Autonomous Institute under Ministry of Health & Family Welfare, Government of India)

बाबा गंगनाथ मार्ग, मुनीरका, नई दिल्ली-110067  
दूरभाष (कार्यालय): 91-11-26165959, 26166441, 26188485, 26107773  
फैक्स: 91-11-26101623 ई.मेल: info@nihfw.org  
वेब साइट: www.nihfw.org

Baba Gangnath Marg, Munirka, New Delhi-110 067  
Phones: 91-11-26165959, 26166441, 26188485, 26107773  
Fax: 91-11-26101623 E-Mail: info@nihfw.org  
Web Site: www.nihfw.org

Dated: 06, July, 2016

To,

Shri Jitendra Arora  
Director (e-Gov)  
Ministry of Health and Family Welfare (MoHFW)  
Department of Health and Family Welfare,  
307-D, Nirman Bhavan, New Delhi

**Subject: Approval for using the common short code and missed call number for Patient Satisfaction System Application (PSSA).**

Dear Sir,

This is in reference to an email dated 4<sup>th</sup> July 2016 from Mr. Varun Goyal from SAATHII for using the common short code (5616115) and missed call number (011-22901701) for Patient Satisfaction System Application (*Annexure email*). JS (SS) has requested CHI/NHP to do the required for the implementation of the initiative.

Kind approval is sought to perform the following activities:

- Using common short code (5616115) and missed call number (011-22901701) for Patient Satisfaction System application along with the existing SMS application system.
- NHP will process and send SMS to the user list provided through API.
- Capturing user feedback and pass on to SAATHII API.
- Developing dashboard for the summary on how many we have received request, processed and user responded day wise.
- The expenditure providing necessary support for the initiative may be utilized from the NHP funds.

Thanking you,

Sincerely yours,

(Prof. S.N. Sarbadhikari)

Project Director  
Centre for Health Informatics of NHP,  
NIHFW, New Delhi-110067  
Ph-26165959- Ext. 398, Email:supten@nihfw.org

**Z-18015/26/2016-eGov**  
**Government of India**  
**Ministry of Health & Family Welfare**  
**(eGovernance Section)**

\*\*\*\*\*

Nirman Bhavan, New Delhi  
Dated 18<sup>th</sup> July, 2016

To,

The Project Director  
Centre for Health Informatics (CHI)  
National Institute of Health and Family Welfare,  
Baba Gang Nath Marg, New Mehrauli Road  
Munirka, New Delhi-110067

**Subject: Using the common short code and missed call number for Patient Satisfaction System Application (PSSA) from CHI/NHP.**

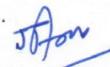
Sir,

This has reference to your letter dated on 6<sup>th</sup> July, 2016 seeking the approval of the Ministry to provide the support to Patient Satisfaction System in collaboration with SAATHII. It is hereby informed that your following requests have been approved by the Ministry.

- Using common short code (5616115) and missed call number (011- 22901701) for Patient Satisfaction System application along with the exiting SMS application system.
- NHP will process and send SMS to the user list provided through API.
- Capturing user feedback and pass on to SAATHII API.
- Developing dashboard for the summary on how many we have received request, processed and user responded day wise.

2. The expenditure for providing the above support for the initiative may be utilized from the NHP funds.

Yours Faithfully,



**(Jitendra Arora)**  
**Director (eGov)**  
**MoHFW**

**Tele No: 23062317**

**Copy to:-**

1. The Director, NIHFW, New Delhi.
2. Shri Ankit Tripathi, Additional Director, CHI, NIHFW, New Delhi

Subject: **Using the common short code and missed call number for Patient Satisfaction System Application (PSSA) from CHI/NHP.**

To: [supten@gmail.com](mailto:supten@gmail.com)

Cc: [director@nihfw.org](mailto:director@nihfw.org), [at@nihfw.org](mailto:at@nihfw.org), [aantika1@nihfw.org](mailto:aantika1@nihfw.org)

Date: 07/18/16 04:15 PM

From: "Amit Kumar" <[amit.k89@gov.in](mailto:amit.k89@gov.in)>

PSSA.pdf (384kB)

**Z-18015/26/2016-eGov  
Government of India  
Ministry of Health & Family Welfare  
(eGovernance Section)**

\*\*\*\*\*

Nirman Bhavan, New Delhi

Dated 18<sup>th</sup> July, 2016

To,  
The Project Director  
Centre for Health Informatics (CHI)  
National Institute of Health and Family Welfare,  
Baba Gang Nath Marg, New Mehrauli Road  
Munirka, New Delhi-110067

**Subject: Using the common short code and missed call number for Patient Satisfaction System Application (PSSA) from CHI/NHP.**

Sir,

This has reference to your letter dated on 6<sup>th</sup> July, 2016 seeking the approval of the Ministry to provide the support to Patient Satisfaction System in collaboration with SAATHII. It is hereby informed that your following requests have been approved by the Ministry.

- Using common short code (5616115) and missed call number (011- 22901701) for Patient Satisfaction System application along with the exiting SMS application system.
  - NHP will process and send SMS to the user list provided through API.
  - Capturing user feedback and pass on to SAATHII API.
  - Developing dashboard for the summary on how many we have received request, processed and user responded day wise.
2. The expenditure for providing the above support for the initiative may be utilized from the NHP funds.

--

Regards

Amit Kumar

Assistant Director (eGovernance)

Ministry of Health & Family Welfare

Room No. 425C

Nirman Bhawan

New Delhi – 110 011



Subject: **Fortnight Progress Report on Patient Satisfaction System Application - 27th June'16 to 15th July'16**

Date: 07/15/16 04:01 PM

From: "Dr. Varun Goyal" <varun@saathii.org>

To: manoj jhalani <manojjhalani@gmail.com>

Cc: manoj jhalani <manoj.jhalani@nic.in>,  
Alok Kumar Verma MOHFW <alokkumar.verma@nic.in>,  
✓ Sunil Sharma JS <sunil.sharma62@gov.in>,  
Dr J N Srivastava <jn.nhsr@gmail.com>,  
parminder gautam <gautamparminder@gmail.com>,  
"S.K.Sinha" <sinha.sk@nic.in>,  
सुनील कुमार <sunil.bhushan@gov.in>,  
Vijay Rasquinha <vijay@mahiti.org>,  
Sai Subhasree Raghavan <subha@saathii.org>,  
mc <mc@saathii.org>,  
"RMNCHA@saathii.org" <rmncha@saathii.org>,  
Arvind Kumar Pandian <akumar@usaid.gov>,  
limatula yaden <limatulayaden@yahoo.co.in>

(e Gov)  
19/7/16

Office of Joint Secretary (

PTS No. 318317

Date: 20/7/16

Respected Mr. Jhalani Sir,

Here is the progress report from 27<sup>th</sup> June 2016 to 15<sup>th</sup> July 2016 regarding development of Patient Satisfaction System (PSS) Application for your kind perusal:

#### 1. Coordination with State Government Officials and Hospital Information System Providers

- The letter has already been sent through post (4<sup>th</sup> July) and email (8<sup>th</sup> July) from MOHFW, GOI to respective state officials.
- Follow up process initiated with the state officials.
- The Government of Telangana and Rajasthan has given permission to CDAC to integrate and share the patient data for PSS application. Two hospitals from Telangana and thirty-one hospitals from Rajasthan are integrated with PSS application.
- The Government of Gujarat and Tamil Nadu have nominated the concerned authorities to take further action.
- Integration with HIS developed by NIC in 15 hospitals across Chandigarh, Delhi and Meghalaya: NIC has shared the offline information through JSON and WSDL file and SAATHII will test the integration on 18<sup>th</sup> July 2016.

#### Next Steps:

- The decision has to be taken by the MOHFW to send letters to 4 central government hospitals proposed for PSS application (AIIMS, RML, NIMHANS and PGI)
- SAATHII and NHSRC shall continue to follow up with the states and HIS providers to speed up the integration process and get the contact details of nodal officers to be deployed by the state at state and district headquarter and hospital level.
- Coordination with MOHFW and the States to arrange video conferencing for introduction to PSS application and its implementation plan.

#### 2. Activation of Emergency Hosting to Test Integration between PSS and other Applications

- The PSS application has to be integrated with various applications which are currently hosted on either NICNET or non-NICNET servers. So, to test integration with the PSS application which is hosted on private server of NIC cloud, an emergency hosting with public IP is required so as to access on internet before the security audit of the application is done.
- Following steps were followed to activate the emergency hosting:
  - a) Registration of Domain Name (pss.nhm.gov.in) and its authentication from NIC.
  - b) Application submitted to Cybersecurity division of NIC for emergency hosting.
  - c) Application submitted to activate Virtual Private Network (VPN) account to access the cloud server.



**Steps**

- The PSS application is connected on VPN and SAATHII has submitted request to NIC to provide credentials to access Virtual Machines (VMs)/Cloud server.
- Access to the VMs shall be completed by 18<sup>th</sup> July 2016.

**3. Integration between Short Message Service (SMS) Application of National Health Portal (NHP) and PSS Application**

- The SOP (Standard Operating Procedure) document shared with NHP
- Web services created by SAATHII to push data for SMS Blast
- Web services created to consume DATA for NHP
- Sample SMS sent across to NHP
- NHP has created the web services as per the SOP
- Staging server setup (in progress)
- Access to NHP to consume web services (in progress)
- NHP and SAATHII need to check the web services (in progress)

**4. Integration between Out Bound Dialling Application of National Informatics Centre (NIC) and PSS Application**

- The SOP (Standard Operating Procedure) shared with the NIC
- The document shared by NIC for workflows
- Web services created by SAATHII to push data for OBD Blast
- Web services created by SAATHII to consume return data from OBD
- NIC to send the time estimate

**5. Status of Mobile Application, Webpage and Dashboard****Mobile**

- The application (alpha release) will be released by 15<sup>th</sup> July 2016
- The user is able to sign on using SMS authentication (OTP to be sent is in progress)
- The user is able to provide feedback
- The data is collected and stored in the backend application

**API stack**

- The roll up of data for feedback at hospital, district, state, and national level (in progress)
- Web Services for SMS and OBD completed.
- Web Service for integration (in progress)
- Questions imported and configured
- NIN data imported and configured

**Dashboard**

- The HTML template for the dashboard is configured
- Roles provided
- Algorithm for data analysis is finished
- Top level dashboards (in progress)
- Language configured
- Authenticated user access created
- Alpha release on 20th July

**Webpage**

- The HTML template configured
- The questions rendering (in progress)
- Alpha release on 20th July

**Systems Configuration**

- VPN connectivity done
- Server connectivity and installation (in progress). To be completed by 18<sup>th</sup> July 2016.

**Next Steps**

- Approval to be taken from MOHFW on updated questionnaire based on SMS and OBD requirements
- Approval from MOHFW on Mobile App, Webpage and Dashboard design
- Approval from MOHFW on algorithm for data analysis at the facility level

**6. Launch Plan**

- Three venues are shortlisted in consultation with NHSRC i.e. Vigyan Bhawan, India Habitat Centre and NDMC Convention Centre. TBD with MOHFW
- A preliminary list of guests has been drafted. TBD with MOHFW
- A draft agenda is also developed. TBD with MOHFW
- The process of launching PSS application is to be discussed with MOHFW

**7. Implementation Plan**

- The MOHFW has to provide list of officials with contact details to be put into the role based access to the Dashboard.
- The high level action plan based on the data analysis to be implemented and responsible agencies at the facility level is to be discussed with the MOHFW.

We request you for a review meeting next week for discussion on various next steps as listed above. Please provide us with some suitable time.

Look forward.

--

Regards & Thanks:

**Dr. Varun Goyal**

PPP Specialist

Project Sambhuya: Engaging Private Sector to Improve RMNCH+A Outcomes in India

**SAATHII**

S-56-A, Panchsheel Park,

New Delhi 110 017, India

Landline (+91 11) 4100 7035

Mobile +91 96508 00348

email: varun@saathii.org

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web <http://www.saathii.org>

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**Manoj Jhalani**

Joint Secretary &amp; CVO

Telefax : 23063687

E-mail : manoj.jhalani@nic.in



सत्यमेव जयते

FTS-319184/2016

भारत सरकार

स्वास्थ्य एवं परिवार कल्याण मंत्रालय

निर्माण भवन, नई दिल्ली - 110011

Government of India

Ministry of Health &amp; Family Welfare

Nirman Bhavan, New Delhi - 110011

D.O. No. NHSRC/16-17/QI/01/Patients' Satisfaction

Date: 20<sup>th</sup> July, 2016

Dear

Quality healthcare is an articulated commitment of National Health Mission. Level of patient satisfaction is the Litmus test for assessing quality of services provided by a healthcare facility. Ministry of Health & Family Welfare (MoHFW) is in the process of designing and implementing an ICT-based Patient Satisfaction System for in public and empanelled private hospitals. A multi-channel approach will be used to collect information on patients' level of satisfaction i.e. web portal, mobile application, Short Message Service (SMS), Interactive Voice Response System (IVRS). The application will automatically contact the patient (outpatient after the closure of outpatient department and the inpatient at the time of discharge) using the above information to collect information on patient's level of satisfaction.

2. National Health Systems Resource Centre (NHSRC) is helping in creating the processes and the United States Agency for International Development (USAID) is helping in designing the software solution for the same. MoHFW plans to launch the application on 15<sup>th</sup> August, 2016. Your support is critical in rolling out and implementation of this initiative.

3. The application will be capable of near to real time analysis of data and provide meaningful insights to analyse the performance at different levels i.e. from facilities to national level. Further, the Government and the Institution can develop action plans based on the feedback which will eventually lead to improved patient experience.

4. Your hospital has been selected for the first phase of implementation and it will be required to share the following patient information on a daily basis as per the JSON file attached as Annexure I:

- i. Hospital NIN number
- ii. Patient Name
- iii. Patient Registration id
- iv. Mobile number / Telephone number
- v. Aadhaar number
- vi. Hospital visit date
- vii. Type of patient (outpatient / inpatient)
- viii. Consulted department name.

Your hospital will share the above patient related data using web services that will be integrated with the Patient Satisfaction System. In case the web service is not available, the patient data should be made available through Comma Separated Values (CSV) format uploaded to a File Transfer Protocol (FTP) at a scheduled time.

DN(eGov)

21/7



5. I request you to kindly instruct the concerned officers to arrange sharing of the above information for your hospital on daily basis with the Patient Satisfaction System through the above-mentioned formats and authorize NIC to share above patient related information on daily basis with Patient Satisfaction System that has been developed at the behest of Government of India through the standardized format as mentioned in Annexure I.


6. MoHFW is in the process of generating National Identification Number (NIN) for government health facilities across India. The NIN is a 10-digit unique number for a particular facility related to name and type of facility, address, contact information, geocodes, regional indicator, operational status and ownership authority. I request you to provide information about the components for which NIN related information is already being captured in your hospital information system software. A JSON file for hospital specific information based on NIN is attached as Annexure II for your reference.

7. I further request you to kindly nominate one Chief Information Officer (CIO) for your hospital who will coordinate with MoHFW / NHSRC for all queries related to this integration. For any clarifications, you may contact Dr J N Srivastava, Advisor (QI), NHSRC at [jn.nhsrc@gmail.com](mailto:jn.nhsrc@gmail.com) or Tel: 011-26108982 – 93.

Yours sincerely,  
- Sd -  
(Manoj Jhalani)

To: Prof. M. C. Misra, Director, All India Institute of Medical Sciences, Ansari Nagar, New Delhi  
– 110 029

Copy for information to:  
Shri Sunil Sharma  
Joint Secretary (eGovernance)  
Ministry of Health and Family Welfare  
Nirman Bhawan, New Delhi – 110 011

  
(Manoj Jhalani)



**Manoj Jhalani**

Joint Secretary &amp; CVO

Telefax : 23063687

E-mail : manoj.jhalani@nic.in



सत्यमेव जयते

FTS- 319173/2016

भारत सरकार

स्वास्थ्य एवं परिवार कल्याण मंत्रालय

निर्माण भवन, नई दिल्ली - 110011

Government of India

Ministry of Health &amp; Family Welfare

Nirman Bhavan, New Delhi - 110011

D.O. No. NHSRC/16-17/QI/01/Patients' Satisfaction

Date: 20<sup>th</sup> July, 2016

Dear

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DIN(eGov)

4/7



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Yours sincerely,  
- Sd -  
(Manoj Jhalani)

To: Prof. B.N. Gangadhar, Director, National Institute of Mental Health & Neuro Sciences, Hosur Road, Bangalore – 560 029

Copy for information to:  
Shri Sunil Sharma  
Joint Secretary (eGovernance)  
Ministry of Health and Family Welfare  
Nirman Bhawan, New Delhi – 110 011

  
(Manoj Jhalani)



**Manoj Jhalani**

Joint Secretary &amp; CVO

Telefax : 23063687

E-mail : manoj.jhalani@nic.in



FTS- 319189/2016

भारत सरकार

स्वास्थ्य एवं परिवार कल्याण मंत्रालय

निर्माण भवन, नई दिल्ली - 110011

Government of India

Ministry of Health &amp; Family Welfare

Nirman Bhavan, New Delhi - 110011

D.O. No. NHSRC/16-17/QI/01/Patients' Satisfaction

Date: 20<sup>th</sup> July, 2016

Dear

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Dr (CVO)  
21/7



I request you to kindly instruct the concerned officers to arrange sharing of the above information for your hospital on daily basis with the Patient Satisfaction System through the above-mentioned formats and authorize NIC to share above patient related information on daily basis with Patient Satisfaction System that has been developed at the behest of Government of India through the standardized format as mentioned in Annexure I.


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Yours sincerely,  
- Sd -  
(Manoj Jhalani)

To: Dr. (Prof.) A. K.Gadpayle, Medical Superintendent and Director, Dr Ram Manohar Lohia Hospital and Post Graduate Institute of Medical Education and Research, Baba Khark Singh Mark, Near Gurudwara Bangla Sahib, Connaught Place, New Delhi – 110 001

Copy for information to:  
Shri Sunil Sharma  
Joint Secretary (eGovernance)  
Ministry of Health and Family Welfare  
Nirman Bhawan, New Delhi – 110 011

  
(Manoj Jhalani)





**Manoj Jhalani**

Joint Secretary & CVO

Telefax : 23063687

E-mail : manoj.jhalani@nic.in



FTS- 319192/2016

भारत सरकार

स्वास्थ्य एवं परिवार कल्याण मंत्रालय

निर्माण भवन, नई दिल्ली - 110011

Government of India

Ministry of Health & Family Welfare

Nirman Bhavan, New Delhi - 110011

D.O. No. NHSRC/16-17/QI/01/Patients' Satisfaction

Date: 20<sup>th</sup> July, 2016

Dear

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*Dr (Gov)*

*21/7*



RTS- 319192/2016

I request you to kindly instruct the concerned officers to arrange sharing of the above information for your hospital on daily basis with the Patient Satisfaction System through the above-mentioned formats and authorize CDAC to share above patient related information on daily basis with Patient Satisfaction System that has been developed at the behest of Government of India through the standardized format as mentioned in Annexure I.


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Yours sincerely,  
- Sd -  
(Manoj Jhalani)

To: Dr. Yogesh Chawla, Director, Postgraduate Institute of Medical Education & Research, Sector-12, Chandigarh - 160 012

Copy for information to:  
Shri Sunil Sharma  
Joint Secretary (eGovernance)  
Ministry of Health and Family Welfare  
Nirman Bhawan, New Delhi – 110 011

  
(Manoj Jhalani)



Receipt No : 334257/2016/E-GOV

8/4/2016

[https://mail.gov.in/iwc\\_static/layout/shell.html?lang=en-US&3.0.1.2.0\\_15121607](https://mail.gov.in/iwc_static/layout/shell.html?lang=en-US&3.0.1.2.0_15121607)Subject: **Request for Submission of Application to open the SMS Account for PSS Application**

Date: 08/03/16 07:41 PM

From: "Dr. Varun Goyal" &lt;varun@saathii.org&gt;

To: Dr J N Srivastava <jn.nhsr@gmail.com>  
Cc: manoj jhalani <manojjhalani@gmail.com>,  
parminder gautam <gautamparminder@gmail.com>,  
Arvind Kumar Pandian <akumar@usaid.gov>,  
"RMNCHA@saathii.org" <rmncha@saathii.org>,  
sarah krishan <seema@nic.in>, seema khanna <seema@gov.in>,  
sksinha@gov.in, S Taha Owais <owais@nic.in>,  
Prasenjit Sen <prasenjit@mahiti.org>,  
Alok Kumar Verma MOHFW <alokkumar.verma@nic.in>,  
sharma.sunita@nic.in, Gaurav Sharma <gaurav.sharma@nihfw.org>,  
ANKIT TRIPATHI <ankit\_tripathi11@hotmail.com>,  
"Prof. Supten Sarbadhikari" <supten@gmail.com>,  
Sunil Sharma JS <sunil.sharma62@gov.in>,  
"Jitendra Arora, Dir. eHealth MoHFW" <dir.ehealth@gmail.com>

Office of Joint Secretary (IS)  
JTS No. 331550/16  
Dated: 21/8/16

Template Form.pdf (415kB)

Filled form for Push and Pull Messages.pdf (1.0MB)

Filled Form for OTP Message.pdf (1.0MB)

Dear Sir,

The SMS channel of PSS application is integrated with the National Health Portal (NHP) application and the push and pull test is already completed. We will be using NIC SMS gateway for this channel and for that we have to create a separate SMS account for PSS application. We have been guided by the NIC team in filling up the required application form and the same is attached (both filled and template form) for your kind perusal. There are two forms: 1. Application form for Push and Pull messages, 2. Application form for One Time Password (OTP) messages which is required for mobile application.

We need the contact details (point no. 7, 8, 9, 10, 11 and 12), signature and seal (both the pages of two forms) of the authorized personnel from MOHFW to be filled in the attached forms. You can fill the other information in the template form based on filled forms.

The duly signed forms have to be scanned and to be sent on an email id: smssupport@gov.in (mentioned in the form itself). After that the NIC will issue a proforma invoice in the name of Chief of Party, Project Sambhuya, Solidarity and Action Against the HIV Infection in India (SAATHII) for advance payment of expected SMS volume for 6 months to be finalized as part of Engagement and Coordination Agreement between the USAID and MOHFW.

We request you to provide your support in this matter. Please let me know if there is any query. Look forward.

--

Regards &amp; Thanks:

Dr. Varun Goyal

PPP Specialist

Project Sambhuya: Engaging Private Sector to Improve RMNCH+A Outcomes in India

SAATHII

S-56-A, Panchsheel Park,  
New Delhi 110 017, India  
Landline (+91 11) 4100 7035  
Mobile +91 96508 00348  
email: varun@saathii.org  
skype: varungoyal1984  
web <http://www.saathii.org>

Dr (eGov)  
*[Signature]*

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Receipt No : 334257/2016/E-GOV

8/4/2016

[https://mail.gov.in/iwc\\_static/layout/shell.html?lang=en-US&3.0.1.2.0\\_15121607](https://mail.gov.in/iwc_static/layout/shell.html?lang=en-US&3.0.1.2.0_15121607)Subject: Re: Re: Re: Fwd: Re: **ICT-Based Patient Feedback System by MoHFW.**

Date: 08/03/16 10:15 PM

To: Taha Owais &lt;owais@nic.in&gt;

From: "Dr. Varun Goyal" &lt;varun@saathii.org&gt;

Cc: Vijay Rasquinha <vijay@mahiti.org>, sarah krishan <seema@nic.in>, Arvind Kumar Pandian <akumar@usaid.gov>, Dr J N Srivastava <jn.nhsr@gmail.com>, parminder gautam <gautamparminder@gmail.com>, sksinha@gov.in, Alok Kumar Verma MOHFW <alokkumar.verma@nic.in>, manoj jhalani <manojjhalani@gmail.com>, Sunil Sharma JS <sunil.sharma62@gov.in>, Gaurav Sharma <gaurav.sharma@nihfw.org>, ANKIT TRIPATHI <ankit\_tripathi11@hotmail.com>, "RMNCHA@saathii.org" <rmncha@saathii.org>, "Prof. Supten Sarbadhikari" <supten@gmail.com>

Office of Joint Secretary (SS)

PTs No. 331558/16

Date: 4/8/16

Dear Taha and Vijay,

We request you to start sharing the important mails regarding OBD development and implementation with NHP team as part of the decision taken during Meeting with JS (eGOV) on 02nd August 2016. This activity will help us in knowledge transfer of the OBD channel of PSS application to the NHP who will be managing this application during the scale up stage.

Regards  
Varun

On Tue, Jul 26, 2016 at 4:46 PM, Dr. Varun Goyal &lt;varun@saathii.org&gt; wrote:

Dear Mr. Owais,

Kindly see our point wise response below:

On Tue, Jul 26, 2016 at 11:04 AM, Taha Owais &lt;owais@nic.in&gt; wrote:

Dr Varunhere

1. We have still not recvd the SMS registration form. Pls share the same. The current rate is 2.8 paisa/SMS + 7% nicsi charges + other govt levies.

Actually we are still in the process of finalizing the access to the VMs and after we host our application on the respective VMs, we can apply for HTTPS certificate which is mandatory for opening the SMS account in the NIC.

2. You have also confirmed that SMS will be sent using 5616115.

Agreed.

3. As per our discussion, there is some changes in the flow of OBD like there will different set of question for OPD and IPD. Request you to confirm the same and freeze the requirement so that the same will be shared with our development team. Also request you to share the voice as we will need them to start our development process.

As mentioned before, we are awaiting the response from MOHFW for in-principle approval on our questionnaire. We will provide you with the same shortly.

thanx  
taha

On 07/25/16 06:32 PM, "Dr. Varun Goyal" &lt;varun@saathii.org&gt; wrote:

Dear All,

Pursuant to our discussions with NIC department regarding development of OBD system for capturing the patient feedback under PSS application, the NIC has provided us with tentative timeline as indicated below in the trail mail and based on that we are hoping to test the OBD system by

[https://mail.gov.in/iwc\\_static/layout/shell.html?lang=en-US&3.0.1.2.0\\_15121607](https://mail.gov.in/iwc_static/layout/shell.html?lang=en-US&3.0.1.2.0_15121607)

1/5



[https://mail.gov.in/iwc\\_static/layout/shell.html?lang=en-US&3.0.1.2.0\\_15121607](https://mail.gov.in/iwc_static/layout/shell.html?lang=en-US&3.0.1.2.0_15121607)

10th August 2016.

We have requested NIC to expedite the process and the later has ensured to develop and pilot test the same in agreed timelines. Based on the in-principle approval on PSS application questionnaire from the MOHFW, we will share the updated questions, work flows and audio files with the NIC.

Regards  
Varun Goyal  
SAATHII

On Wed, Jul 20, 2016 at 2:19 PM, Dr. Varun Goyal <varun@saathii.org> wrote:

Dear Mr. Owais,

We are fine with the requirements. However we would request you to expedite the process, if possible. We would also request you for a meeting before we proceed for voice recording with our studio team. Also please let us know about the administrative part for billing and payment process for OBD call so that we can start it simultaneously.

Please let us know if you have any query. Look Forward.

Regards  
Varun

On Wed, Jul 20, 2016 at 1:46 PM, Taha Owais <owais@nic.in> wrote:

We have got the development timeline for this project as below.

- Two Call Flows – 2 Days.
- API to receive incoming JSON request from Client – 3 days for development & 1 or more days for client integration.
- Scheduled Job to send call status back to Client API – 5 days development & 1 or more days for client integration.
- Deployment & Audio integration – 1 day
- QA - 4 days

Total we would need minimum 17 working days.  
Basic Requirements would be:

- Audio files
- Client's API to push call status.
- Url, Username & Password for Json validation.
- FTP/Email path to send reports csv to client for dashboard section.

\*\*\*\*\* Requirement Addition/Modification/Clarification \*\*\*\*\*

1. We will going to take response after one by one (Boolean) in case of Q1 ( primary Questions ) and Q2 to Q6 (drilled down option) take the response after end of every sets of options (memory recall). Pause time 3 sec. Partial response of Q1 (primary questions) will be considered as success.

give us go ahead to freeze the requirements.

\*\*\*\*\*

On 07/19/16 10:02 PM, Vijay Rasquinha <vijay@mahiti.org> wrote:

Hi Tasha

Unable to read this email. Please resend

Vijay

On Tue 19 Jul, 2016, 9:53 PM S Taha Owais, <owais@nic.in> wrote:

• vijay@mahiti.org

MIME-Version: 1.0

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Content-Type: text/plain; charset=utf-8

Content-Transfer-Encoding: base64

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[https://mail.gov.in/iwc\\_static/layout/shell.html?lang=en-US&3.0.1.2.0\\_15121607](https://mail.gov.in/iwc_static/layout/shell.html?lang=en-US&3.0.1.2.0_15121607)

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Regards & Thanks:

Dr. Varun Goyal  
PPP Specialist

Project Sambhuya: Engaging Private Sector to Improve RMNCH+A Outcomes in India

**SAATHII**  
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Subject: **Draft Minutes of Mera Asaptaal Review Meeting held on 10th January 2017 under the chair of AS & MD (MOHFW)**

Date: 01/11/17 04:43 PM

From: varun goyal &lt;varun@saathii.org&gt;

To: 'Sunita Sharma' <sharma.sunita@nic.in>  
 Cc: 'Manoj Jhalani' <manojjhalani@gmail.com>,  
 "'JS(P)'" <manoj.jhalani@nic.in>,  
 'Dr J N Srivastava' <jn.nhsr@gmail.com>,  
 'parminder gautam' <gautamparminder@gmail.com>,  
 rmncha@saathii.org, 'Vijay Rasquinha' <vijay@mahiti.org>,  
 'Pervin Desouza' <pervin.d@mahiti.org>,  
 "'Dr. Nisarg Desai'" <nisarg.mohfw@gmail.com>,  
 sunil.sharma62@gov.in

Office of Joint Secretary (SS)  
 ETS no. 44162/17  
 Date 12/11/17

Dear Sunita Madam,

Kindly see the draft minutes of yesterday's Mera Asaptaal application review meeting chaired by AS & MD, MOHFW for your kind perusal:

Date: 10<sup>th</sup> January 2017  
 Chairperson: Dr. Arun K Panda (AS & MD), MOHFW  
 Attendees:

Venue: Conference room (Secretary, MOHFW)

- Mr. Manoj Jhalani, JS (P), MOHFW  
 Mr. Sunil Sharma JS (eGov), MOHFW  
 Mr. Sudhir Kumar JS (CGH), MOHFW  
 Mr. Arvind Kumar Pandian, Project Manager, USAID  
 Ms. Sunita Sharma, Director (NHM IV), MOHFW  
 Mr. Jitendra Arora, Director (eGov), MOHFW  
 Mr. Sunil kumar Bhushan Sr. Tech. Director, NIC  
 Mr. SK Sinha, Sr. Tech. Director, NIC  
 Mr. Ankit Tripathi, Addl. Director, NHP  
 1. Mr. Gaurav Sharma, Deputy Director (Technical), NHP  
 . Mr. Shabeer, Jr. Consultant, MOHFW  
 2. Dr. Sai Subhasree Raghavan, President, SAATHII  
 3. Dr. Varun Goyal, PPP Specialist, SAATHI  
 4. Mr. Vijay Rasquinha, Director, Mahiti

AS & MD extended a warm welcome to all the participants followed by a briefing on the Mera Asaptaal application by JS (P). SAATHII made a presentation on the status update, next steps during the pilot phase, transition process ad potential for scale-up of the Mera Asaptaal application.

Some the key decisions made are the following:

Status update of the application shared with the stakeholders i.e. 94 health facilities integrated and more than 100,000 patients provided the feedback since its launch. Out of total respondents, 76% patients are satisfied with the services and 24% are dissatisfied.

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1/11/2017

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SAATHII will present age, gender, state and department specific info in two weeks to MoHFW. During this time, an automatic reporting system will also be functional.

SAATHII will develop a radio jingle for promoting the Mera aspataal application and will submit the same to the MOHFW.

SAATHII will find out the possibility of developing a toll free SMS service.

SAATHII will conduct an analysis of use of quality improvement approaches based on patient feedback at facility level and find out the areas of technical assistance support to health facilities in implementation of these approaches.

SAATHII will prepare and submit a comprehensive operational road map including infrastructure, technical and administrative requirements and timelines; for scale-up of the application in approx. 1000 public health facilities including all central government hospitals, government medical college hospitals and district hospitals.

The MoHFW had requested the USAID to consider extending the ECA agreement for a further period of 12 months and support the scale-up phase as well.

--  
Regards & Thanks:

**Dr. Varun Goyal**

PPP Specialist

Project Sambhuya: Engaging Private Sector to Improve RMNCH+A Outcomes in India

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File No.P-17029/33/2016-NRHM-IV  
Government of India  
Ministry of Health and Family Welfare

Nirman Bhawan, New Delhi  
Dated the 25<sup>th</sup> January, 2017

OFFICE MEMORANDUM






Sub: Review meeting on Mera Aspataal Application.

The undersigned is directed to circulate herewith minutes of meeting taken by AS & MD on 10-01-2017 at 5:30 PM to review Mera Aspataal application, for information and necessary action.



(Sunita Sharma)  
Director (NHM-IV)

To

✓ JS (E-Governance)   
✓ JS (SK)/ JS (P)   
Director (E-Gov)   
ED, NHSRC   
Sr. Technical Directors, NIC (Shri Sunil Kumar, Shri Sinha)  
✓ US (NHM-IV)   
Dr. Varun, SAATHII

Copy to:

PS to AS & MD 

Copy to  
Dr. Anil Desai, Consultant



(61)

**Minutes of the Meeting held on 10.01.2017 at 5:30 pm in the conference room no. 155-A wing under the chairmanship of AS & MD to review Mera Asptaal Application.**

1. A meeting was held under the Chairmanship of AS & MD to review the Mera Asptaal application. The list of participants in the meeting is at Annexure.
2. AS & MD extended a warm welcome to all the participants which was followed by a briefing on the Mera Aspataal application by JS (P). Shri Manoj Jhalani, JS, stated that the application had been launched in the national convention at Tirupati with the support of USAID during pilot phase which is upto 31.03.2017. The application captures patients feedback on their experience in the health facilities. These feedbacks would be critical parameter in performance assessment of health facilities and their officers in charge.
3. JS(P) stated that the implementation and expansion of Mera Asptaal application may be handled in the e-governance division which has been agreed to by JS(SS). NHM/NHSRC may continue to monitor and follow up on patients feedback for state government health facilities.
4. SAATHII made a presentation bringing out the status update and analysis of patients feedback received, next steps during the pilot phase, transition process and potential for scale-up of the Mera Aspataal application.

Status update of the application was shared by SAATHII with the stakeholders i.e. 90 health facilities integrated and more than 100,000 patients provided the feedback since its launch. Out of total respondents, 78% patients were reportedly satisfied with the services and 22% are dissatisfied.

5. JS(P) stated that Mera Asptaal application is proposed to be extended to all Central Government hospitals and District hospitals during 2017-18, preferably by July, 2017. AS & MD directed JS (SS) and JS (SK) to ensure that all the Central Govt. hospitals immediately join the Mera Aspataal application. AS & MD requested JS(SS)

60

and JS(P) to prepare the road map for scaling up the application and working out the resources required for the same.

The e-Governance division was advised to make budget provision for the Mera Aspataal application during 2017-18.

6. USAID was requested to consider continuation of the ECA health partnership agreement beyond 31.03.2017 and its support to the scaling up the programme and intimate the decision.
7. Mr. Sunil Kumar, Senior Technical Director, NIC stated that there are three VMs have been allocated on NIC cloud as of now. This application doesn't have any architecture. It was informed by SAATHII that 10-15 thousand feedbacks are being received on daily basis. This will increase once more number of hospitals are integrated. NIC requested to work out the detailed architecture and cloud requirements to keep future requirement in view. AS & MD directed JS (e-Gov) to get these details worked out with NIC, SAATHII and NHP.

After deliberations, SAATHII was advised to take the following action.

- i. SAATHII will present analysis of data-state, facilities and department specific in two weeks. During this time, an automatic reporting system will also be made functional.
- ii. SAATHII will develop a radio jingle for promoting the Mera Aspataal application and will submit the same to the MOHFW for sharing with states.
- iii. AS & MD asked SAATHII to explore with DEITY of having a toll free SMS service.
- iv. SAATHII will conduct an analysis of use of quality improvement approaches based on patient feedback at facility level and develop a comprehensive dashboard. They should also provide access to feedback analysis to State Governments, hospital managers etc. Further, they should provide department wise break-up of analysis of patient feedback.
- v. SAATHII will prepare and submit a comprehensive operational road map including infrastructure, technical and administrative requirements and timelines; for scale-up of the application in approx. 800 public health facilities including all central government hospitals, government medical college hospitals and district hospitals.



(59)

## Annexure

List of participate at the Review Meeting of AS & MD on Mera Asptaal held on 10/01/2017 at 5: 30 pm in the Conference Room no. 155-A wing.

**Chairperson: Dr. Arun K Panda (AS & MD), MOHFW**

1. Mr. Manoj Jhalani, JS (P), MOHFW
2. Mr. Sunil Sharma JS (e-Gov), MOHFW
3. Mr. Sudhir Kumar JS (CGH), MOHFW
4. Mr. Arvind Kumar Pandian, Project Manager, USAID
5. Ms. Sunita Sharma, Director (NHM IV), MOHFW
6. Mr. Jitendra Arora, Director (e-Gov), MOHFW
7. Mr. Sunil kumar Bhushan Sr. Tech. Director, NIC
8. Mr. SK Sinha, Sr. Tech. Director, NIC
9. Mr. Ankit Tripathi, Addl. Director, NHP
10. Mr. Gaurav Sharma, Deputy Director (Technical), NHP
11. Mr. Shabeer, Jr. Consultant, MOHFW
12. Dr. Sai Subhasree Raghavan, President, SAATHI
13. Dr. Varun Goyal, PPP Specialist, SAATHI
14. Mr. Vijay Rasquinha, Director, Mahiti



Ministry of Health and Family Welfare  
Government of India



# Implementation of Mera Aspataal (My Hospital) Application in District and Medical College Hospitals



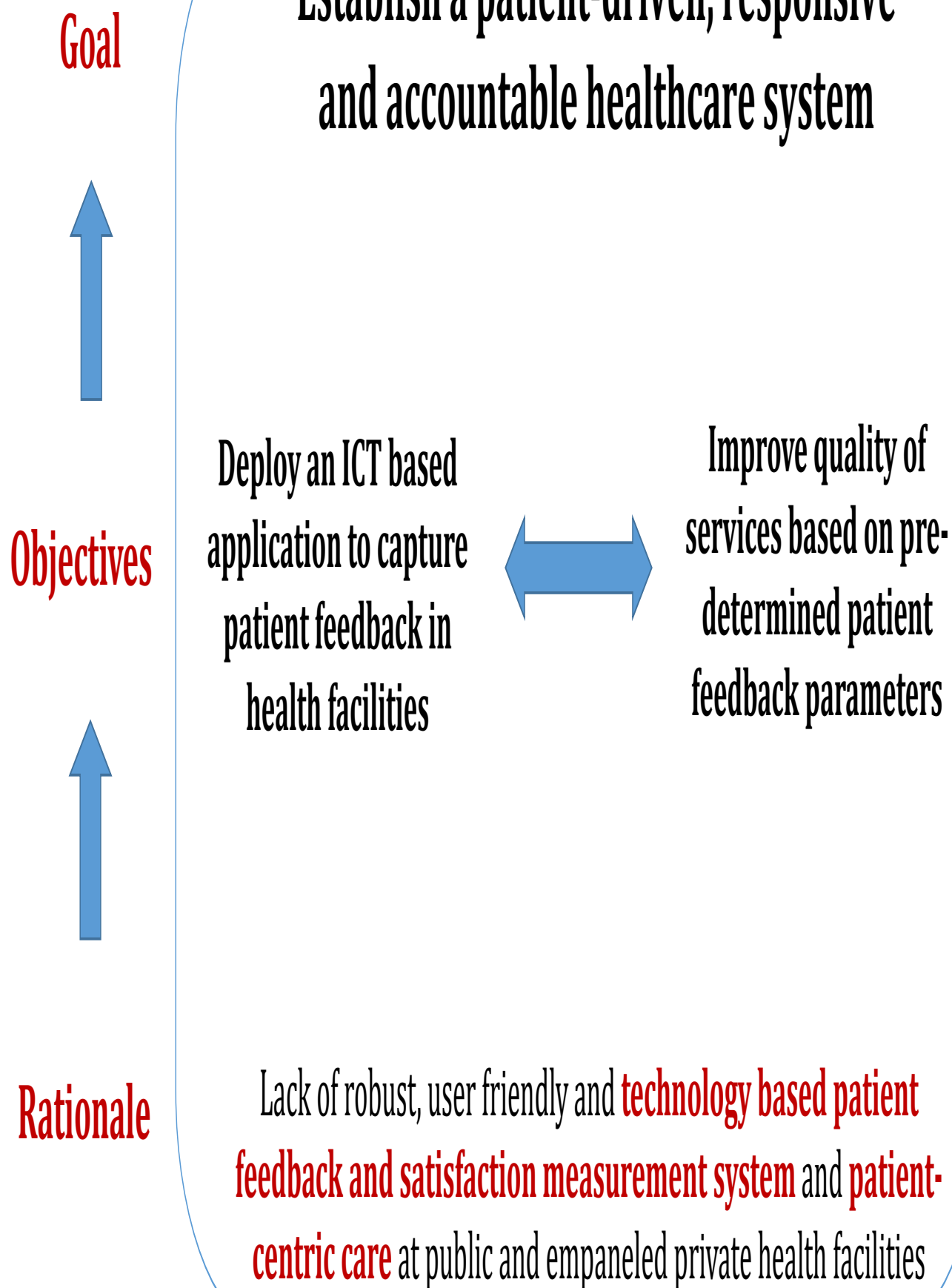
Ministry of Health and Family Welfare  
Government of India

*30<sup>th</sup> January 2017*



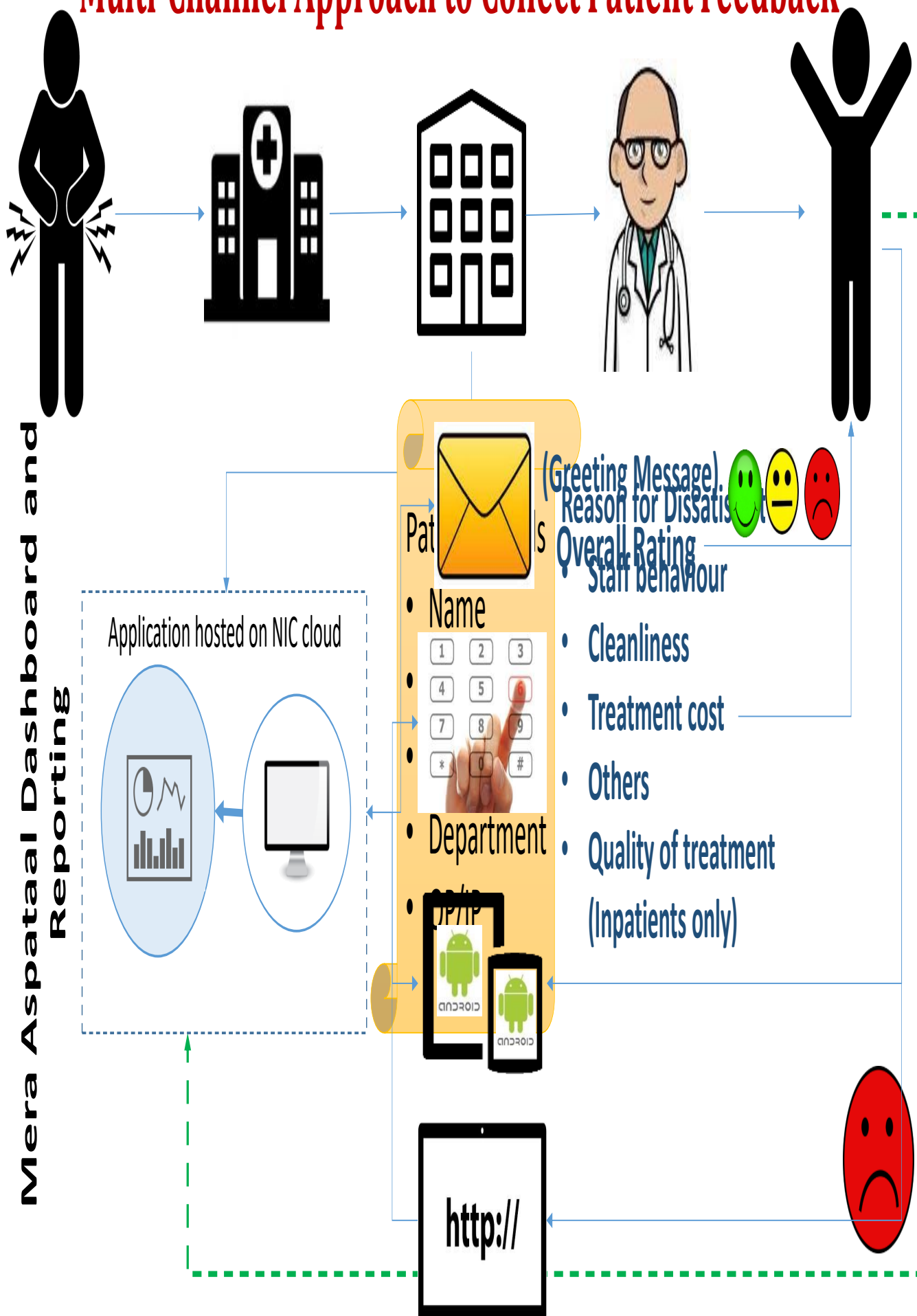
# Agenda

- Rationale, Objectives and Goal
- About Mera Asaptaal
- Current Status
- How to integrate facilities with the Mera Aspataal application?
- Next Steps





# Multi-Channel Approach to Collect Patient Feedback



## Current Status

- **97 facilities\*** across 12 states on-board.
- More than **1.5 lakhs patients provided feedback** out of **total 20 lakhs reached in last 5 months.**
- Integrated the application with the **District Hospital Ranking Dashboard** and **Health Systems Performance Dashboard** for Union Health Minister.
- IEC Material designs are ready for dissemination.
- Automatic reporting and an online dashboard\*\* will be ready soon for regular monitoring
- Linkage with NQAS to improve quality

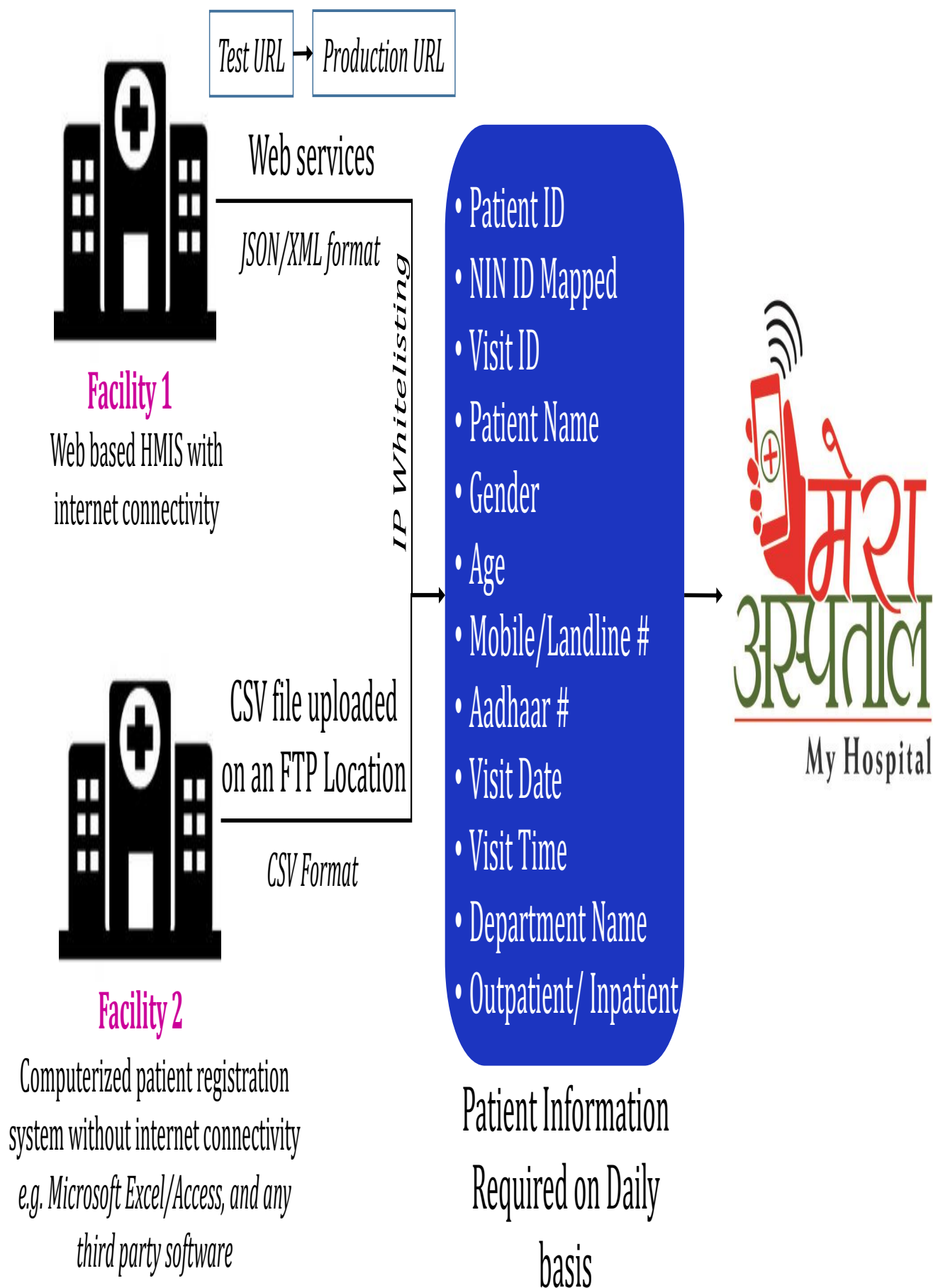
### State wise Distribution of DHs and MCHs

S #	State	DH	MCH
1	Delhi	01	0
2	Rajasthan	23	19
3	Tamil Nadu	15	0
4	Gujarat	10	0
5	Haryana	07	0
6	Telangana	02	01
<b>Total</b>		<b>58</b>	<b>20</b>

\* 58 DHs, 20 MCHs, 10 CGHs and 9 others \*\*National, State, Facility, Department, Age and Gender wise Analysis



# Process of Integrating Health Facility with the Mera Aspataal Application



## Capturing Valid phone # is Critical

### Issues

- Non-mandatory at registration counter
- Entering 0 or no number
- Entering wrong numbers
- Duplication of numbers
- Unwillingness of the patient to share the phone #

### Proposed Solutions

- Official communication to the facilities
- Training of staff to counsel patients for providing the phone #
- Motivation for Data entry operator

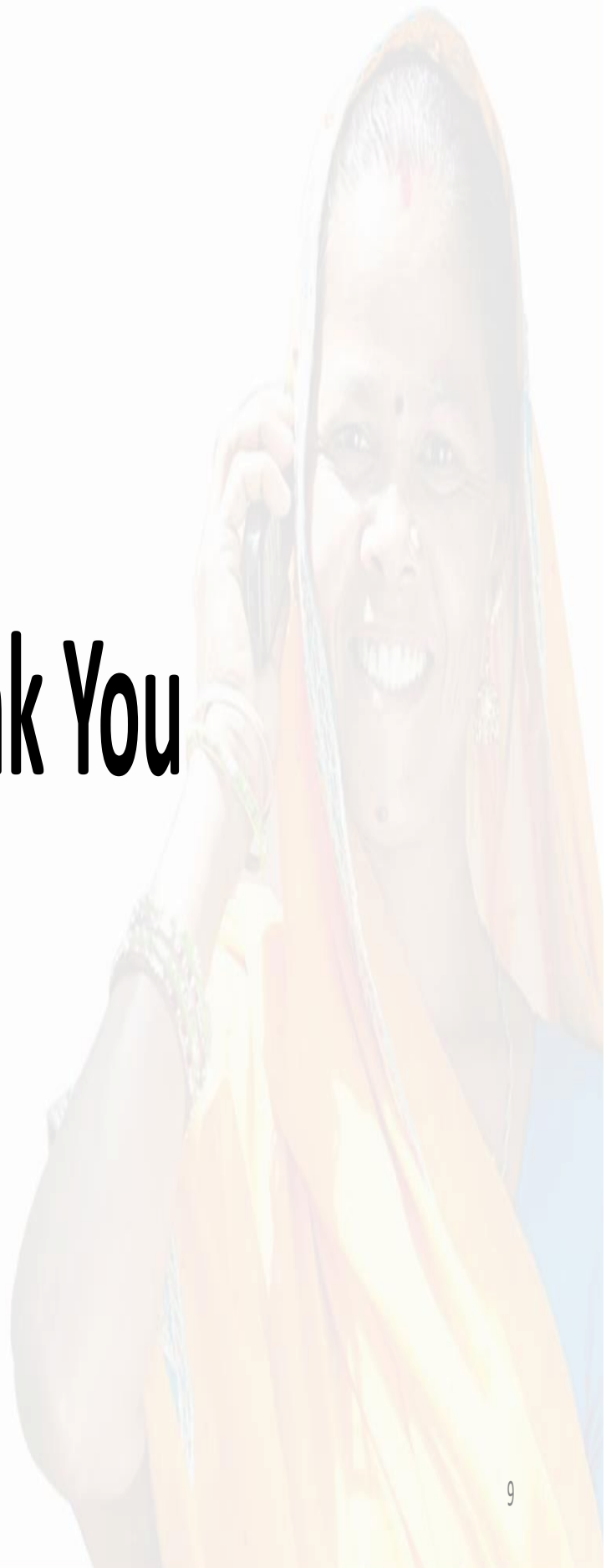


## Next Steps

- Develop the action plan to roll out the Mera Aspataal in all District and Medical College hospitals in your state.
- Provide support to complete the integration process in hospitals with computerized patient registration system
- Appoint nodal officers for Mera Aspataal at State, District and Facility level.
- Share the contact details of nodal officers for accessing the dashboard and reports.
- Support for increasing the demand for the Mera Aspataal application
- Share high resolution images of the facilities to be put on Mera Aspataal webpage.

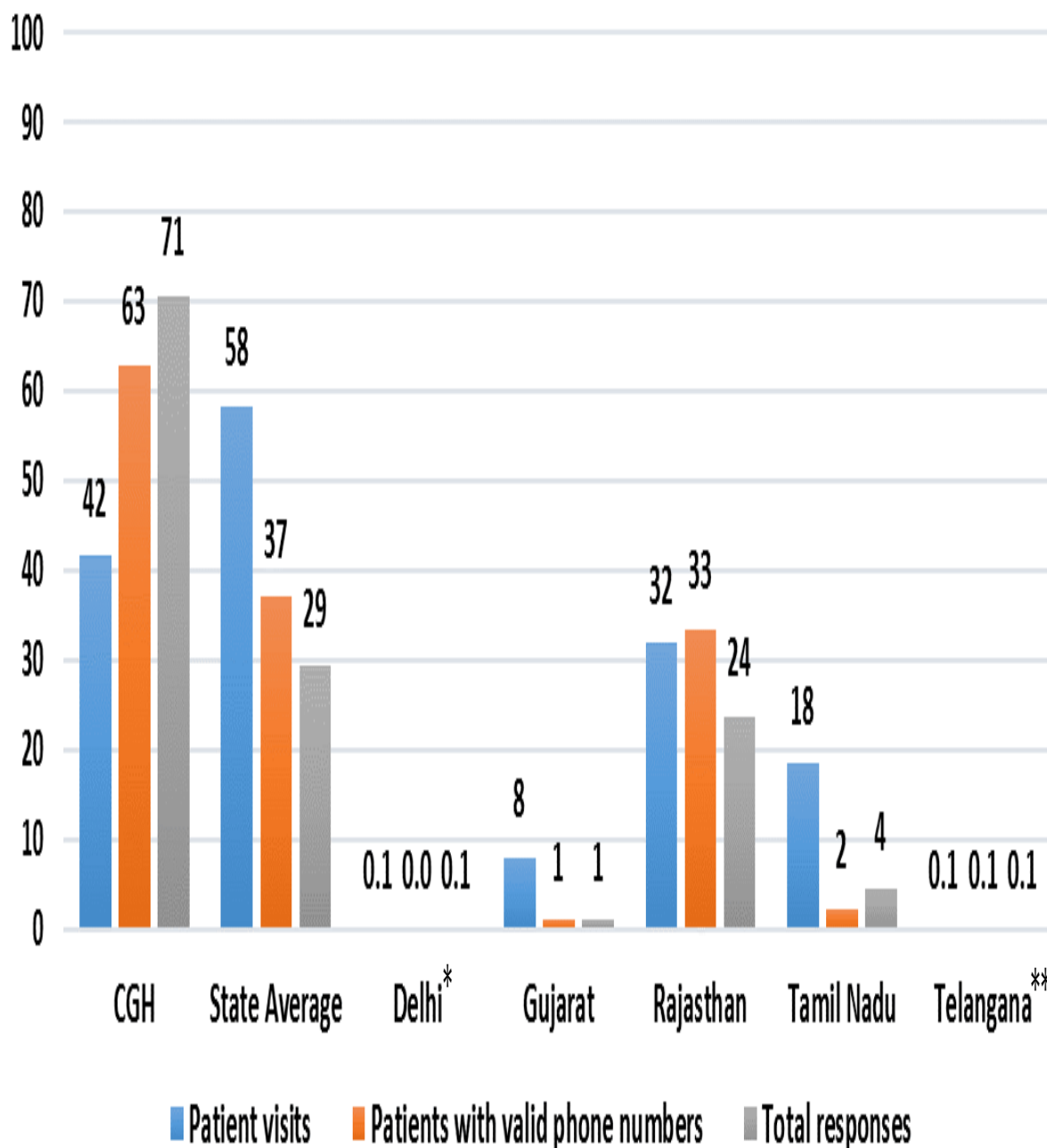


**Thank You**



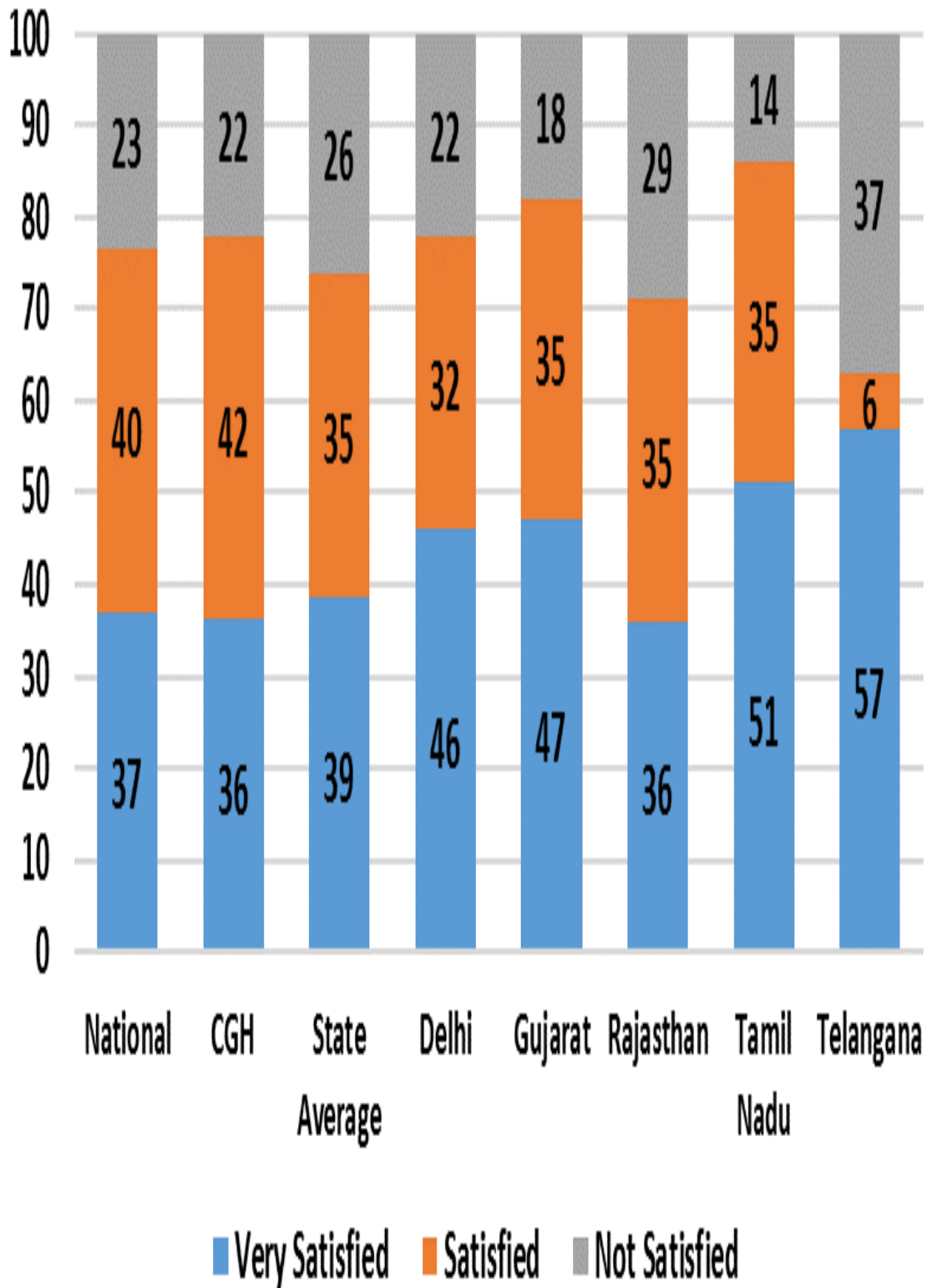


# Contribution of States and Central Government Hospitals to Mera Aspataal Coverage (%)



- Cumulative data from 04<sup>th</sup> September 16 - 07<sup>th</sup> January 2017
- No. of health facilities: 75 (4 CGHs, 51 DHs and 20 MCHs).
- \* Delhi - The state average is based on data for one facility. \*\* The state average is based on data for 3 facilities.
- Patients with valid phone #s represents as a proportion of total patient visits (new and repeat)
- Total responses represents valid responses as a proportion of valid phone #s reached by Mera Aspataal

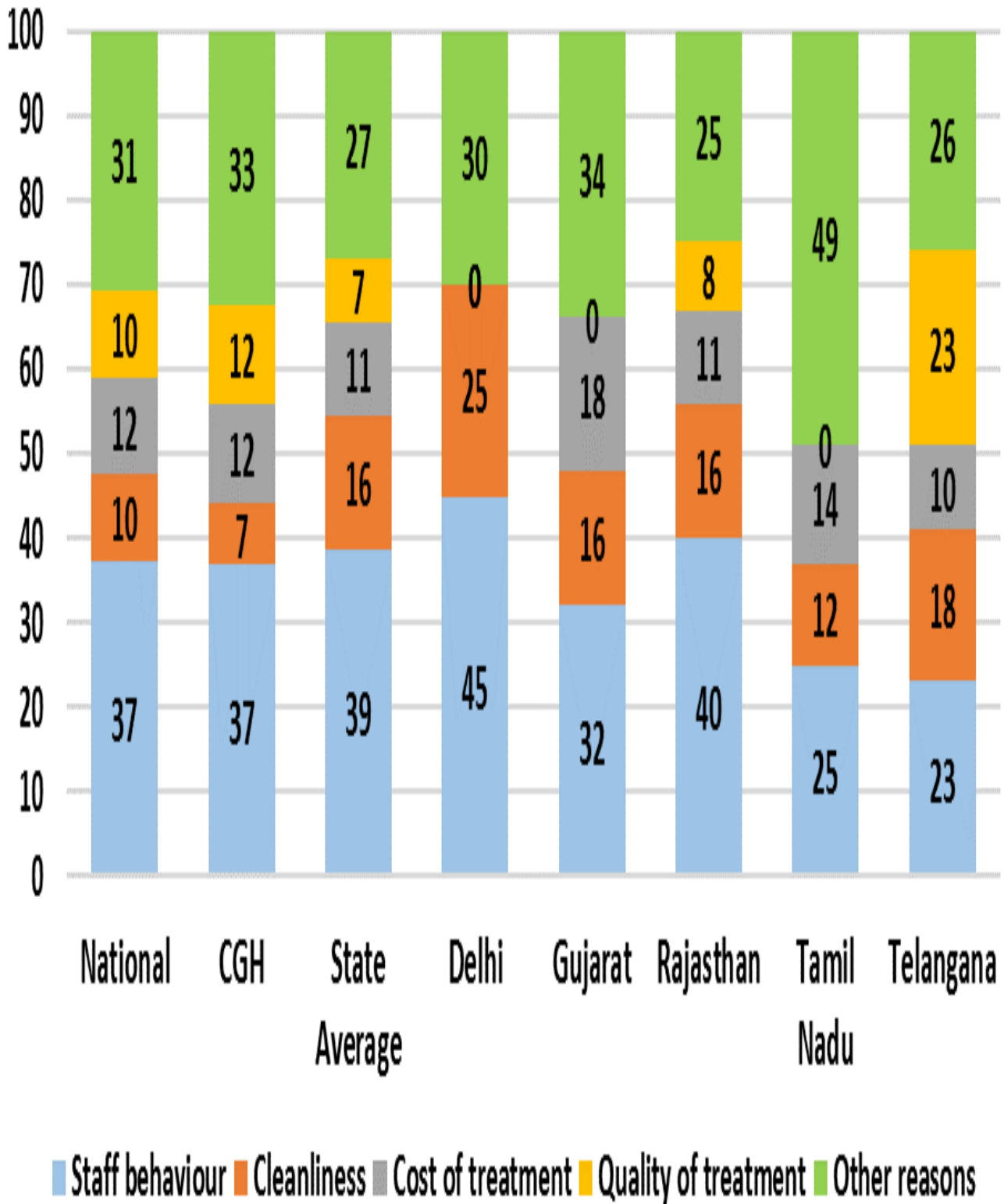
## Patient Satisfaction at National, CGHs and States (%)



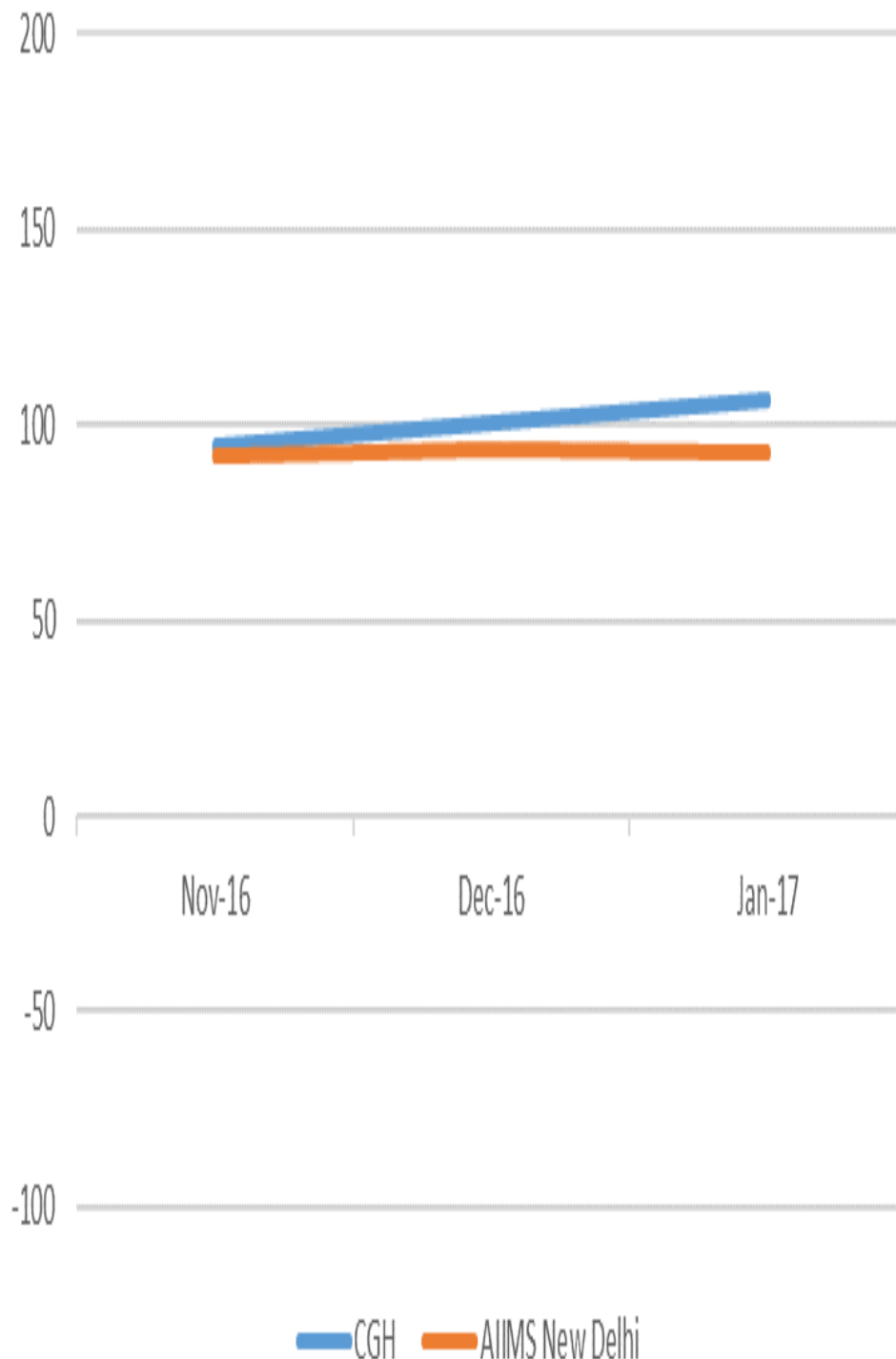
- VS, S and NS represents responses as a proportion of total responses



# Reasons for Dissatisfaction at National, CGHs and States (%)

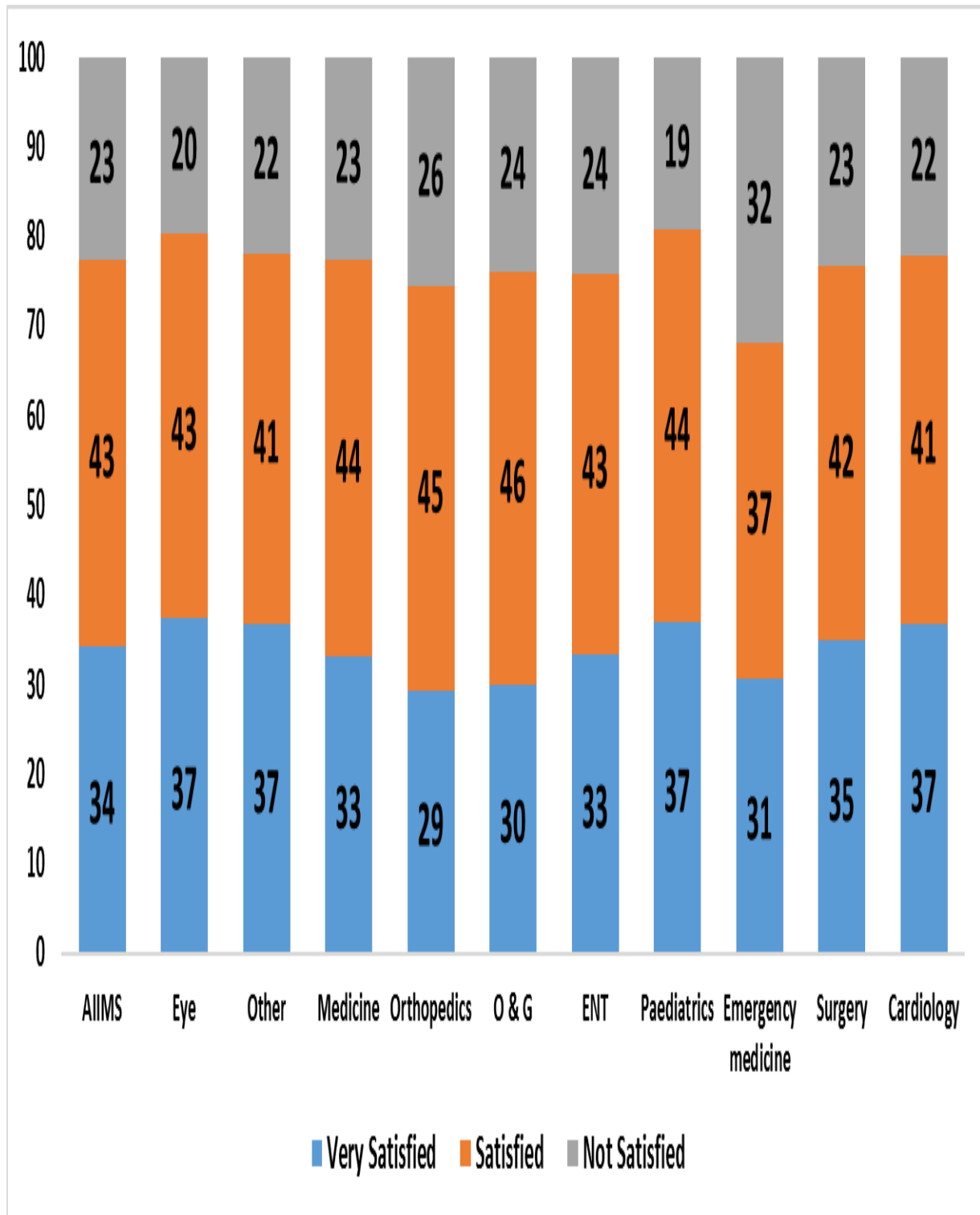


## Patient Satisfaction Score (PSS)\*



\* PSS represents "Weighted Average Satisfaction Score (WASS)" and is defined as average of sum total of number of each category of responses multiplied by their respective assigned scores. The scores assigned for very satisfied, satisfied and not satisfied response are 2, 1, and -1 respectively. The final value is multiplied with 10 to the power of 2 to avoid the decimals.

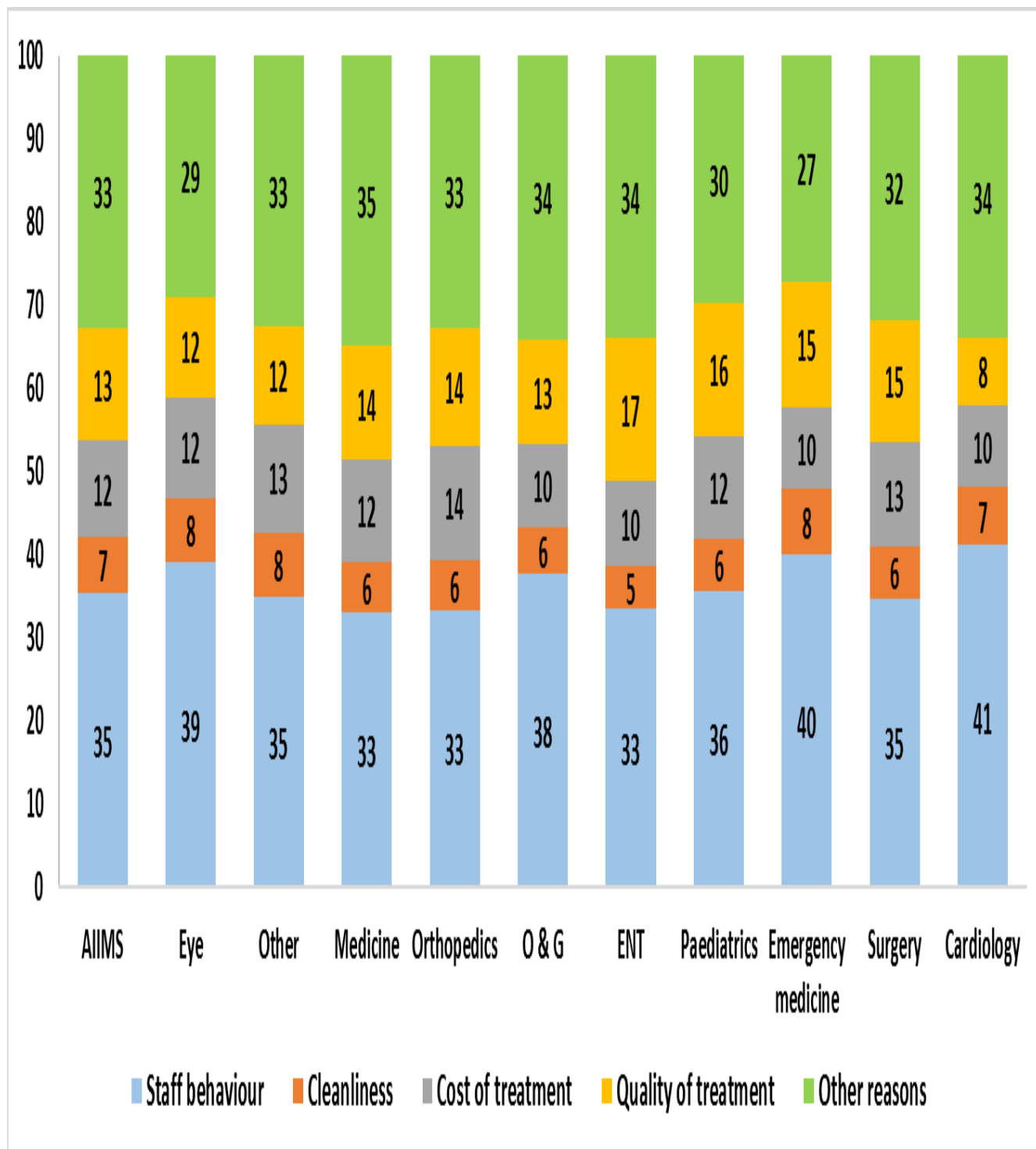
# Department Wise Patient Feedback at AIIMS (%)



- Cumulative data since 07<sup>th</sup> January 2017.
- 10 departments with maximum patient feedback responses are selected for analysis.

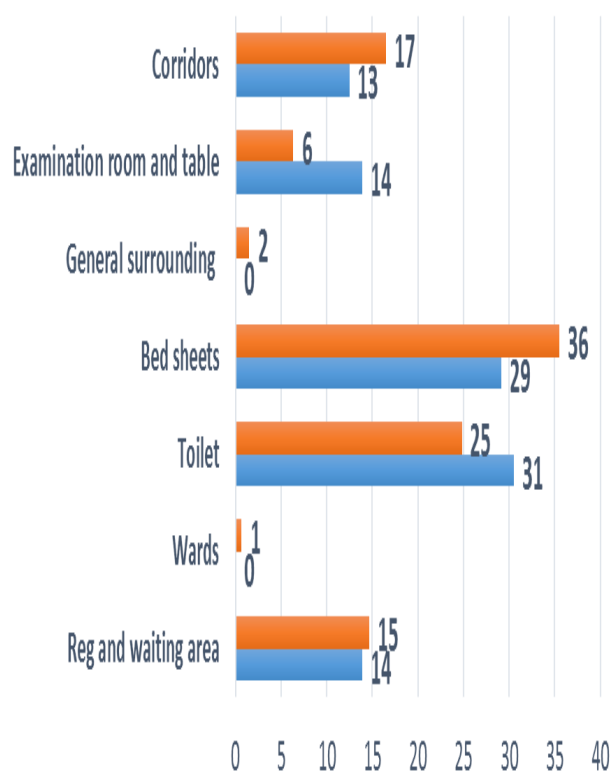
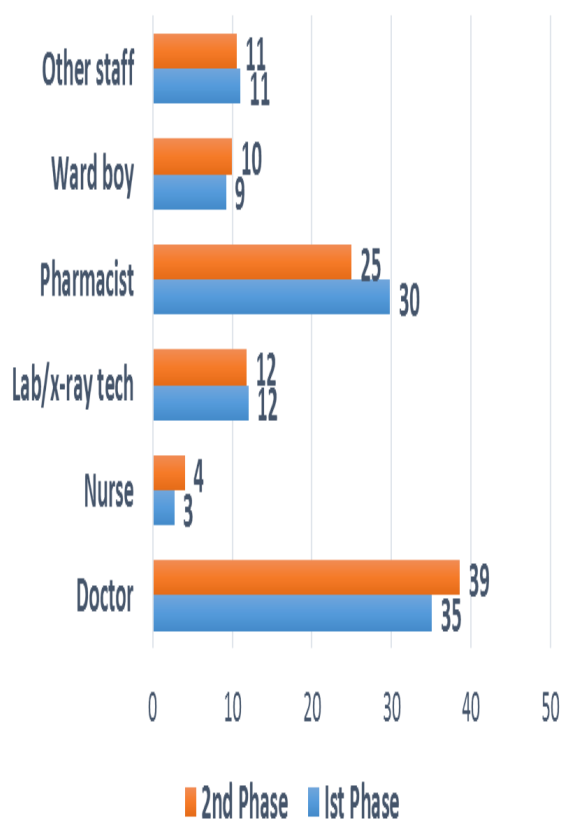


# Department Wise Reasons for Dissatisfaction at AIIMS (%)

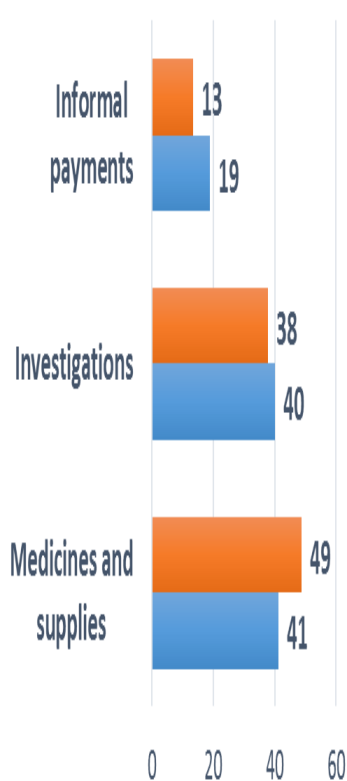


- Cumulative data since 07<sup>th</sup> January 2017.
- 10 departments with maximum patient feedback responses are selected for analysis.

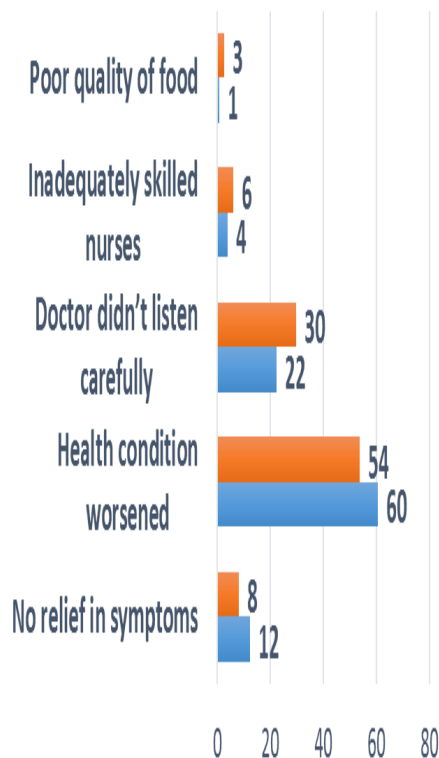
# Reasons for Dissatisfaction at AIIMS, New Delhi for all Parameters (%)



## Staff Behaviour

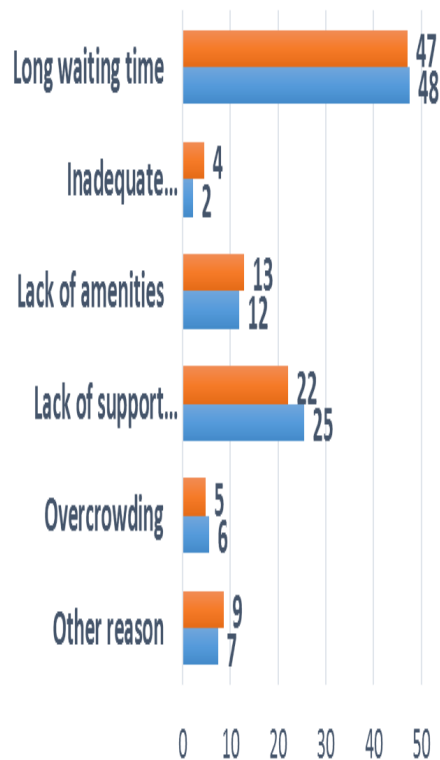


## Cost of treatment



## Quality of treatment

## Cleanliness



## Other reasons



फाइल संख्या AMS-33 / LHMC/Mera Aspataal / 2017 / 357

भारत सरकार

स्वास्थ्य सेवा महानिदेशालय

लेडी हार्डिंग मेडिकल कॉलेज और एसोसिएटेड अस्पताल नई दिल्ली

तारीख.19.01.2017

To,

Shri Manoj Jhalani,  
Joint Secretary & CVO,  
MOHFW, Nirman Bhawan  
New Delhi-110011

Office of Joint Secretary (SS)

File No. 450487/17

Date 25/1/17

Sub: Roll out of patient's feedback system "MERA ASPATAAL" at LHMC & Associated Hospitals, New Delhi-reg.

Ref: D.O. No.P.17029/33/2016-MHM-IV, Part-II dated 13.1.2016

Sir,

With reference to your D.O. letter no. dated 13<sup>th</sup> January 2017, it is intimated that LHMC with Associated SSK hospital and KSC Hospital wants to adopt "MERA ASPATAAL" application.

In this regard, the following faculty members are being nominated as Nodal Officer for implementation of "MERA ASPATAAL" applications.

Dr. Gaurav Swami, Associate Professor of Physiology for SSKH

(M) 9999000993

Dr. Kamal Kumar Singhal, Asstt. Professor of Paed. Medicine for KSCH

(M) 9560709569

Yours sincerely,

डा. जगदीश चन्द्रा

निदेशक

ले. डा. मे. कॉ. एवं सह-अस्पताल

Copy for information to:

1. Dr. V.K.Sharma, AMS (Stores)
2. Dr. Gaurav Swami, Associate Professor of Physiology for SSKH
3. Dr. Kamal Singhal, Asstt. Professor of Paed. Medicine for KSCH
4. PA to Director in nomination file



**Manoj Jhalani**

Joint Secretary &amp; CVO

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Office : 460673

No. I/3057253/2017

भारत सरकार

स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
निर्माण भवन, नई दिल्ली - 110011Government of India  
Ministry of Health & Family Welfare  
Nirman Bhavan, New Delhi - 110011D.O. No. P-17029/33/2016-NHM-IV, Part-II  
07<sup>th</sup> February, 2017**Subject: Roll-out of Patient Feed-back System - 'Mera-Aspatal' at Bhopal Memorial Hospital and Research Centre (BMHRC).**Dear *Dr. Swaminathan,*

Every health system should aspire to provide patient-centric care. This can be best done by empowering citizens to have their voice heard, involve them in making health care system more accountable and creating a system that acts on their feedback. Towards this end, the Ministry of Health and Family Welfare launched 'Mera Aspataal (My Hospital)' application. So far, 95 facilities are integrated with "Mera Aspataal". We propose to scale up the 'Mera Aspataal' program with all the central government hospitals, medical college hospitals and district hospitals in coming financial year. It is proposed to include BMHRC which is under DHR in the Mera Aspataal Application for getting patients feedback.

2. The application allows multi-channel approach to collect information on patients' level of satisfaction i.e. Short Message Service (SMS), Outbound Dialling (OBD), web portal and mobile application. The application automatically contacts the patient to collect information on their level of satisfaction. Capturing mobile / landline number of all the patients visiting the facilities is a critical requirement of the 'Mera-Aspataal' application. The application provides almost real time analysis of data and meaningful insights to analyse the performance from patient's perspective. This helps the Government and Institutions to develop action plans based on the feedback which leads to improved patient experience and quality of care.

3. The initiative could be implemented in those health facilities, where either centralised Hospital Management System (HMS) or computerized patient registration system on local server is functional. I request you to issue necessary direction to concerned authority to integrate BMHRC with "Mera Aspataal", and authorize the HMS developer(s) to arrange sharing of the patients' information on daily basis with the application in the formats enclosed as annexure.

4. You may like to nominate a nodal officer at BMHRC level who will coordinate with MoHFW for all queries related to this integration.

*With regards,*

Yours sincerely,

(Manoj Jhalani)

*Dr (Chou)*Dr. Soumya Swaminathan  
SecretaryDepartment of Health Research, 2nd Floor, IRCS Building,  
1, Red Cross Road, New Delhi - 110001.*US/Health**New file as told earlier**SL 10/2/2017**AD(ehealth)**Manoj Jhalani*



Copy to - JS (SS)

## ANNEXURE

## Integration of District Hospital with "Mera Aspataal"

- Identified facilities to share the patient information on a daily basis using web services, as per the JSON file attached as Table-I.
- In case the web service is not available, the patient data should be made available through Comma Separated Values (CSV) format uploaded to a File Transfer Protocol (FTP) at a scheduled time. The CSV Format is attached as Table-II. In case of CSV, the department master data is also required and the format for the same is attached as Table-III.
- Each attribute in the following tables is explained as Table - IV to understand what values to be passed.
- The MoHFW is in the process of generating National Identification Number (NIN) for government health facilities across India. To provide information about the components for which NIN related information is already being captured in the hospital information system software, a JSON file is attached as Table-V.
- For any clarifications, you may contact Ms. Sunita Sharma, Director (NHM-IV) (at sharma.sunita@nic.in or Tel: 011-23061975), Dr. J N Srivastava, Advisor (QI), NHSRC (at jn.nhsr@gmail.com or Tel: 011-26108982 - 93) or Dr Varun Goyal, PPP Specialist, SAATHII (at varun@saathii.org or Tel: 09650800348).

Table-I  
Patient Data - JSON Format

```

"patientID": "1111602120",
"ninID": 1234567890,
"visitID": 1111160,
"patientName": "Jitin Kumar",
"mobile": 9999999999,
"landline": 0,
"aadhaarNumber": 0,
"visitDate": "2016-09-22",
"departmentID": 107,
"patientTypeID": 2,
"gender": 1,
"age": 1,
"visitTime": "0637"
},
{
  "patientID": "1511602473",
  "ninID": 1234567890,
  "visitID": 1151160,
  "patientName": "B/O Sanjay",
  "mobile": 9999999999,
  "landline": 0,
  "aadhaarNumber": 0,
  "visitDate": "2016-09-22",
  "departmentID": 118,
  "patientTypeID": 2,
  "gender": 1,
  "age": 1,
  "visitTime": "0704"
}
],
"error": "",
"dateTime": "2016-09-22 09:24:54"
}

```



**Table-II**  
**Patient Data - CSV Format**

i d	ninl D	patientID	visitID	patient Name	mobile	lan dli ne	aadha arNu mber	visitD ate	visit Time	depa rtme ntID	pati ent Typ eID	gen der	age
1	663 347 832 3	0001662f6488 82676538cc5d d6fd8dd3	2016590 0000000	Mr. Anjani Kumar	99999 99999	0	46349 20000 00	20-09- 2016	00:1 0:07	7	1	1	59
2	663 347 832 3	0001662f6999 72676538cc5d d6fd8dd4	2016590 0000000	Mrs Akhila	88888 88888	0	46349 30000 00	20-09- 2016	00:0 9:15	7	2	2	40

**Table-III Department Master Data**

Department ID	Department Name

**Table - IV**  
**Meaning of Attributes**

Below are the details on the data type and format for the attributes in the patient Visit template

1. **ninID** – integer. Hospital ID provided from NHP
2. **Patient ID** – string. Should be unique.
3. **VisitID** - combination should be unique to identify one encounter/visit of a patient
4. **PatientName** – string
5. **Mobile** - integer in patient data file should be 10 digits. 0 if not available.
6. **Landline** - patient data file should include the std code without any delimiters. 0 if not available.  
Ex: Delhi landline numbers should be "1188888888"
7. **AaadhaarNumber** - integer. 0 if not available
8. **VisitDate** - format in patient data file should be yyyy-mm-dd  
Ex: 21Dec2016 will be 2016-12-21
9. **VisitTime** - format in patient data file should be 24HHmm  
Ex: 1:15pm will be 1315 and 9:30am will be 0930
10. **DepartmentID** - integer attribute in patient data file denotes Department ID as per NIN.
11. **PatientTypeID** - integer attribute in the patient data file denotes OP (2) or IP (1) patient.
12. **Gender** - Integer. Male (1) or Female (2) or Transgender (3)
13. **Age** - Integer

Note: If inpatient, the patient details will be provided for those who are discharged for the day.



4/C

Table - V

## Hospital JSON File

```
{
  "hospitalData": [
    {
      "ninID": "1234567890",
      "name": "ABC General Hospital",
      "facilityTypeID": "5",
      "address": {
        "line1": "6, 10th Cross, 5th Main",
        "line2": "BSK Layout",
        "blockID": "45",
        "talukaID": "32",
        "districtID": "245",
        "stateID": "1",
        "pincode": "560098"
      },
      "latitude": "17.34343",
      "longitude": "37.56565",
      "departmentList": [
        {"id": "1", "name": "Cadiology"},
        {"id": "2", "name": "Gastroenterology"},
        {"id": "3", "name": "Dentistry"}
      ],
      "contactPerson": "Sachin",
      "contactNumberMobile": "9012901290",
      "contactNumberLandline": "232-23242323",
      "contactEmail": "sachin123@gmail.com",
      "active": "yes",
      "operationalStatus": "Functional",
      "regionType": "urban",
      "ownershipAuthorityID": "1"
    },
    {
      "ninID": "3234567890",
      "name": "PCM General Hospital",
      "facilityTypeID": "9",
      "address": {
        "line1": "6, 15th Cross",
        "line2": "Sector 2",
        "blockID": "45",
        "talukaID": "32",
        "districtID": "245",
        "stateID": "1",
        "pincode": "560098"
      },
      "latitude": "17.34343",
      "longitude": "37.56565",
    }
  ]
}
```

3/c

```
"departmentList": [  
  {"id": "1", "name": "Cadiology"},  
  {"id": "2", "name": "Orthopedic"},  
  {"id": "3", "name": "Pediatrics"}  
],  
"contactPerson": "Rahul",  
"contactNumberMobile": "9012901290",  
"contactNumberLandline": "232-23242323",  
"contactEmail": "rahul123@rahul.com",  
  "active": "no",  
"operationalStatus": "Non-Functional Under Repair",  
"regionType": "rural",  
"ownershipAuthorityID": "1"  
}  
]  
}
```



**Manoj Jhalani**

Joint Secretary &amp; CVO

Telefax : 23063687

E-mail : manoj.jhalani@nic.in

Office of Joint Secretary (SS)

FIS No. 461659/17

Date: 9/2/17



सत्यमेव जयते

भारत सरकार

स्वास्थ्य एवं परिवार कल्याण मंत्रालय

निर्माण भवन, नई दिल्ली - 110011

Government of India

Ministry of Health &amp; Family Welfare

Nirman Bhavan, New Delhi - 110011

D.O. No. P.17029/33/2016-NHM-IV, Part-II

07<sup>th</sup> January, 2017

**Subject: Roll-out of Patient Feed-back System - 'Mera-Aspatal' at Regional Institute of Medical Sciences (RIMS).**

Dear Prof. Singh,

Every health system should aspire to provide patient-centric care. This can be best done by empowering citizens to have their voice heard, involve them in making health care system more accountable and creating a system that acts on their feedback. Towards this end, the Ministry of Health and Family Welfare launched 'Mera Aspataal (My Hospital)' application. So far, 95 facilities are integrated with "Mera Aspataal". We propose to scale up the 'Mera Aspataal' program with all the central government hospitals, medical college hospitals and district hospitals in coming financial year. It is proposed to integrate RIMS, Imphal with Mera Aspataal application to get patients feedback.

2. The application allows multi-channel approach to collect information on patients' level of satisfaction i.e. Short Message Service (SMS), Outbound Dialling (OBD), web portal and mobile application. The application automatically contacts the patient to collect information on their level of satisfaction. Capturing mobile / landline number of all the patients visiting the facilities is a critical requirement of the 'Mera-Aspataal' application. The application provides almost real time analysis of data and meaningful insights to analyse the performance from patient's perspective. This helps the Government and Institutions to develop action plans based on the feedback which leads to improved patient experience and quality of care.

3. The initiative could be implemented in those health facilities, where either centralised Hospital Management System (HMS) or computerized patient registration system on local server is functional. I request you to integrate RIMS with "Mera Aspataal", and authorize the HMS developer(s) to arrange sharing of the patients' information on daily basis with the application in the formats enclosed as annexure.

4. You may like to nominate a nodal officer who will coordinate with MoHFW for all queries related to this integration.

With regards,

Yours Sincerely,

(Manoj Jhalani)

Prof. Ch. Arun Kumar Singh  
Director, Administrative Block,  
Regional Institute of Medical Sciences,  
Lamphelpat, Imphal - 795004, Manipur.



Copy to: - JS (SS)



V. SRINIVAS, IAS  
Deputy Director (Admn.)



All India Institute of Medical Sciences  
Director's Wing, Grd. Floor  
Ansari Nagar, New Delhi-110 029

DO.No. DDA/673/2016-17  
New Delhi, February 3, 2017

Dear Shri Ritesh ji,

Kindly refer to Health Minister's DO letter No. P.17029/31/2016-NHM-IV dated January 11, 2017 addressed to Director AIIMS. In this regard the All India Institute of Medical Sciences has commenced follow up work on the feedback received from the Ministry of Health & Family Welfare's application Mera Aspataal. The Mera Aspataal feedback data showed that in the initial phase upto 20<sup>th</sup> October, 2016, the proportion of very satisfied and satisfied patients was 67% and those dissatisfied was 33% from 95,847 responses received. The proportion of those very satisfied and satisfied in the second phase from 21<sup>st</sup> October, 2016 to 4<sup>th</sup> December, 2016 improved to 78% while those dissatisfied reduced to 22% from 45,481 responses received. The single most important reason for dissatisfaction was identified as behavior of staff.

Office of the Minister of H&FW

CC: MINISTER

ITS NO. 460517

AIIMS convened a meeting of HODs and Medical Superintendent to discuss the feedback from the Mera Aspataal Project on February 3, 2017. Following the discussions, it has been resolved that AIIMS will strive for improving client satisfaction and expectation. AIIMS administration will formulate plans for improving communication skills and inculcate habits for building soft skills amongst all stakeholders. Further AIIMS will continue to support the Quality Improvement Project being implemented in the Departments of Obstetrics & Gynecology, Emergency Medicine, Pediatrics and Hospital Administration AIIMS would request the Ministry of Health & Family Welfare to provide more nuanced data, department wise, from the Mera Aspataal application that will enable us to address the areas to be tackled on priority and the significant areas of concern.

This may kindly be brought to the notice of the Health Minister.

With regards,

Yours sincerely,

Shri Ritesh Chauhan

PS to HFM

Ministry of Health & Family Welfare  
Nirman Bhawan, New Delhi

(V.Srinivas)

Phone : (O) : 011-26594804, 26588777, Fax : 011-26588663, 26588641

Telegram : MEDINST, E-mail : vsrinivas@nic.in, savoruganti@outlook.com



Receipt No : 477760/2017/E-GOVERNANCE

**Manoj Jhalani**

Joint Secretary &amp; CVO

Telefax : 23063687

E-mail : manoj.jhalani@nic.in



सत्यमेव जयते

Receipt No. 474888/2017  
D. No. 1/3060697/2017  
भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
निर्माण भवन, नई दिल्ली-110011

GOVERNMENT OF INDIA  
MINISTRY OF HEALTH & FAMILY WELFARE  
NIRMAN BHAVAN, NEW DELHI - 110011

D.O. No. 17029/33/2016-NHM-IV, part-I  
Dated 23<sup>rd</sup> February, 2017

Dear Shrinivas,

Kindly refer to your letter no. DDA/673/2016-17 dated 3rd February, 2017 addressed to PS to HFM, MoHFW regarding follow up done by AIIMS on the feedback given by this Ministry's application Mera Aspataal.

It is appreciable to see the efforts put in by AIIMS in order to achieve the objective of highest possible patient satisfaction. As requested by you, the detailed department wise performance of your hospital for the period from 6<sup>th</sup> Sept 2016 - 4<sup>th</sup> February 2017 is enclosed at Annexure to facilitate addressing areas of concern.

You are requested to initiate concerted action for addressing areas of dissatisfaction in a time-bound manner. A feedback on the actions taken may please be provided to this office.

With regards,

Yours Sincerely,

(Manoj Jhalani)

To  
Shri V. Srinivas  
Deputy Director (Admn.),  
All India Institute of Medical Sciences, New Delhi

Dr (chow) / 24/2/17

VS (chow) / 27/2/17

27/2/2017

AD (chow)

Receipt No : 477760/2017/E-GOVERNANCE

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PS to HFM, MoHFW

474888(1) → JS (e-Gov), MoHFW



Receipt No : 477760/2017/E-GOVERNANCE

Sr. No.	INDICATORS	Mera Asptaal AIIMS, New Delhi (6th Sept 2016 - 4th Feb 2017)											
		TOTAL	Medicine	PMR	Paediatrics	Skin	R. P. Centre (Eye Centre)	Psychiatry	Surgery	Orthopedics	ENT	Obs and Gynae	Dental Surgery
1	Patient Visits	743,566	42,766	9,029	40,241	24,045	97,100	19,173	25,997	38,056	34,404	37,156	366
2	Patients with Valid Phone Numbers	683,033	40,660	8,062	36,612	22,280	84,622	16,716	24,987	36,119	32,956	35,077	335
3	Patients with valid phone numbers (%)	92	95	89	91	93	87	87	96	95	96	94	92
3.1	Total Responses (%)	67,797	4,099	687	3,417	2,298	8,765	1,556	2,497	3,813	3,467	3,661	33
3.1	Very Satisfied (%)	10	10	9	9	10	10	9	10	11	11	10	10
3.2	Satisfied (%)	23,276	1,354	248	1,263	777	3,283	567	857	1,128	1,152	1,130	14
3.2	Satisfied (%)	34	33	36	37	34	37	36	34	30	33	31	42
3.3	Not Satisfied (%)	29,248	1,814	298	1,495	1,055	3,767	36	34	30	33	31	42
3.3	Not Satisfied (%)	43	44	43	44	46	43	44	42	45	43	45	16
4	Total responses for dissatisfaction	15,273	931	141	659	466	1,715	305	589	959	818	869	3
4.1	Staff behaviour	23	23	21	19	20	20	20	24	25	24	24	9
4.1	Staff behaviour (%)	12,112	724	109	529	352	1,322	233	479	776	674	689	3
4.2	Cleanliness	4,235	238	30	183	110	510	64	159	258	229	261	2
4.2	Cleanliness (%)	35	33	28	35	31	39	27	33	33	34	38	67
4.3	Cost of treatment	812	43	5	36	20	99	18	30	48	31	38	0
4.3	Cost of treatment (%)	7	6	5	7	6	7	8	6	6	5	6	0
4.4	Quality of treatment	1,457	87	17	69	38	163	24	58	110	70	65	0
4.4	Quality of treatment (%)	12	12	16	13	11	12	10	12	14	10	9	0
4.5	Other reasons	1,629	105	17	85	67	164	29	71	112	116	85	0
4.5	Other reasons (%)	13	15	16	16	19	12	12	15	14	17	12	0
5	Total responses for dissatisfaction with staff behaviour	3,979	251	40	156	117	386	98	161	248	228	240	1
5.1	Doctor	33	35	37	29	33	29	42	34	32	34	35	33
5.1	Doctor (%)	3,849	226	28	149	93	449	56	146	231	209	239	2
5.2	Nurse	1,462	80	12	54	23	179	19	62	90	78	113	1
5.2	Nurse (%)	38	35	43	36	25	40	34	42	39	37	47	50
5.3	Laboratory/X-Ray technician	413	20	3	15	9	54	5	14	18	16	32	0
5.3	% Laboratory/X-Ray technician (%)	11	9	11	10	10	12	9	10	8	8	13	0
5.4	Pharmacist	372	24	4	12	10	40	3	16	17	20	20	0
5.4	Pharmacist (%)	10	11	14	8	11	9	5	11	7	10	8	0
5.5	Ward boy	147	15	1	3	1	14	1	2	12	12	8	1
5.5	Ward boy (%)	4	7	4	2	1	3	2	1	5	6	3	50
5.6	Other Staff	457	30	3	21	14	56	7	20	35	28	20	0
5.6	Other Staff (%)	12	13	11	14	15	12	13	14	15	13	8	0
6	Total responses for dissatisfaction with cleanliness	998	57	5	44	36	106	21	32	59	55	46	0
6.1	Patient registration and waiting area	26	25	18	30	39	24	38	22	26	26	19	0
6.1	Patient registration and waiting area (%)	758	34	6	29	11	91	21	24	51	30	52	0
6.2	wards	193	8	2	5	3	26	5	6	17	7	5	0
6.2	wards (%)	25	24	33	17	27	29	24	25	33	23	10	0
6.3	Examination room and table	115	5	1	7	1	9	3	3	12	6	9	0
6.3	Examination room and table (%)	15	15	17	24	9	10	14	13	24	20	17	0
6.4	Corridors	5	0	0	0	0	1	0	0	0	0	1	0
6.4	Corridors (%)	1	0	0	0	0	1	0	0	0	0	2	0
6.5	Toilet	9	0	0	1	0	1	0	0	0	0	1	0
6.5	Toilet (%)	1	0	0	3	0	1	0	0	0	0	2	0
6.6	Bed sheets	258	15	2	11	5	33	4	7	12	9	21	0
6.6	Bed sheets (%)	34	44	33	38	45	36	19	29	24	30	40	0
6.7	General surrounding	55	1	1	3	0	8	2	0	1	2	5	0
6.7	General surrounding (%)	7	3	17	10	0	9	10	0	2	7	10	0
7	Total responses for dissatisfaction with cost of treatment	123	5	0	2	2	13	7	8	9	6	10	0
7.1	Medicines and Supplies	16	15	0	7	18	14	33	33	18	20	19	0
7.1	Medicines and Supplies (%)	1,113	71	13	58	27	119	17	44	78	54	56	0
7.2	Investigations	528	33	7	25	18	74	8	21	36	24	19	0
7.2	Investigations (%)	47	46	54	43	67	62	47	48	46	44	34	0
7.3	Informal payment	421	30	6	29	8	27	8	18	29	21	26	0
7.3	Informal payment (%)	38	42	46	50	30	23	47	41	37	39	46	0
8	Total responses for dissatisfaction with quality of treatment	164	8	0	4	1	18	1	5	13	9	11	0
8.1	No relief in symptoms	15	11	0	7	4	15	6	11	17	17	20	0
8.1	No relief in symptoms (%)	1,296	81	16	62	54	136	25	55	92	101	67	0
8.2	Health condition worsened	383	24	4	23	20	39	12	13	29	23	11	0
8.2	Health condition worsened (%)	30	30	25	37	37	29	48	24	32	23	16	0
8.3	Doctor did not listen carefully	115	5	2	6	6	19	3	5	7	5	7	0
8.3	Doctor did not listen carefully (%)	9	6	13	10	11	14	12	9	8	5	10	0
8.4	Inadequately skilled nurses	685	43	7	29	25	66	9	32	52	66	42	0
8.4	Inadequately skilled nurses (%)	53	53	44	47	46	49	36	58	57	65	63	0
8.5	Poor quality of food	81	7	1	2	3	9	1	5	3	6	6	0
8.5	Poor quality of food (%)	6	9	6	3	6	7	4	9	3	6	9	0
9	Total responses for dissatisfaction with other reasons	32	2	2	2	0	3	0	0	1	1	1	0
9.1	Long waiting time	2	2	13	3	0	2	0	0	1	1	1	0
9.1	Long waiting time (%)	3,881	234	37	153	115	372	103	159	255	213	229	1
9.2	Inadequate information	1,808	106	16	67	52	173	38	72	118	105	92	0
9.2	Inadequate information (%)	47	45	43	44	45	47	37	45	46	49	40	0
9.3	Lack of amenities	325	19	5	15	8	31	10	8	19	17	21	0
9.3	Lack of amenities (%)	8	8	14	10	7	8	10	5	7	8	9	0
9.4	Lack of support	195	9	2	7	6	20	8	7	15	4	12	0
9.4	Lack of support (%)	5	4	5	5	5	5	8	4	6	2	5	0
9.5	Overcrowding	167	9	3	12	5	17	6	6	12	4	8	0
9.5	Overcrowding (%)	4	4	8	8	4	5	6	4	5	2	3	0
9.6	Any other	496	30	5	20	18	49	15	19	36	26	34	1
9.6	Any other (%)	13	13	14	13	16	13	15	12	14	12	15	100
		890	61	6	32	26	82	26	47	55	57	62	0
		23	26	16	21	23	22	25	30	22	27	27	0



Receipt No : 477760/2017/E-GOVERNANCE

Sr. No.	INDICATORS	Mera Aspaatal AIIMS, New Delhi (6th Sept 2016 - 4th Feb 2017)								
		Hematology	Endocrinology	Radiotherapy	RPC Emergency	EMERGENCY MEDICINE	Trauma Centre, JPHA	N.D.D.T.C. Ghaziabad	Dental/Oral Medicine	Oral Surgery
1	Patient Visits	11,859	11,986	129	2,263	38,009	14,873	13,612	13,936	8,110
2	Patients with Valid Phone Numbers	10,444	10,708	125	2,124	34,041	11,612	9,204	12,793	7,161
3	Patients with valid phone numbers (%)	88	89	97	94	90	78	68	92	88
	Total Responses (%)	1,108	1,131	12	215	3,033	1,113	407	1,194	652
3.1	Very Satisfied	11	11	10	10	9	10	4	9	9
	Very Satisfied (%)	388	378	3	94	940	440	173	420	255
3.2	Satisfied	496	521	25	44	31	40	43	35	39
	Satisfied (%)	45	46	42	39	38	35	33	39	40
3.3	Not Satisfied	224	232	4	38	950	285	100	303	134
	Not Satisfied (%)	20	21	33	18	31	26	25	25	21
4	Total responses for dissatisfaction	167	192	3	31	733	210	65	242	114
4.1	Staff behaviour	55	70	1	12	286	93	24	73	37
	Staff behaviour (%)	33	36	33	39	39	44	37	30	32
4.2	Cleanliness	7	6	33	16	8	8	14	7	12
	Cleanliness (%)	33	20	0	2	74	21	12	24	17
4.3	Cost of treatment	20	10	0	6	10	10	18	10	15
	Cost of treatment (%)	13	23	1	7	115	23	9	35	16
4.4	Quality of treatment	8	12	33	23	16	11	14	14	14
	Quality of treatment (%)	55	68	0	5	201	57	11	93	30
4.5	Other reasons	33	35	0	16	27	27	17	38	26
	Other reasons (%)	49	69	1	13	256	103	20	65	37
5	Total responses for dissatisfaction with staff behaviour	20	21	0	9	127	38	9	24	16
5.1	Doctor	41	30	0	69	50	37	45	37	43
	Doctor (%)	7	5	0	2	35	15	0	9	2
5.2	Nurse	14	7	0	15	14	15	0	14	5
	Nurse (%)	4	4	0	1	18	16	2	8	8
5.3	Laboratory/X-Ray technician	8	6	0	8	7	16	10	12	22
	% Laboratory/X-Ray technician (%)	2	1	0	1	8	2	0	4	2
5.4	Pharmacist	4	1	0	8	3	2	0	6	5
	Pharmacist (%)	6	10	0	0	28	12	2	8	1
5.5	Ward boy	12	14	0	0	11	12	10	12	3
	Ward boy (%)	10	28	1	0	40	20	7	12	8
5.6	Other Staff	20	41	100	0	16	19	35	18	22
	Other Staff (%)	8	7	0	4	47	12	5	19	13
6	Total responses for dissatisfaction with cleanliness	25	43	0	2	10	3	2	5	2
6.1	Patient registration and waiting area	1	0	0	0	11	25	40	26	15
	Patient registration and waiting area (%)	13	0	0	0	23	8	0	11	23
6.2	wards	0	0	0	0	0	0	0	0	0
	wards (%)	1	0	0	0	11	1	0	2	3
6.3	Examination room and table	0	0	0	0	0	0	0	0	0
	Examination room and table (%)	1	0	0	0	0	0	0	0	0
6.4	Corridors	13	0	0	0	0	0	0	0	0
	Corridors (%)	3	2	0	1	15	5	0	0	0
6.5	Toilet	38	29	0	25	32	42	60	42	38
	Toilet (%)	0	0	0	0	6	1	0	3	1
6.6	Bed sheets	0	0	0	0	13	8	0	16	8
	Bed sheets (%)	1	2	0	1	5	2	0	1	2
6.7	General surrounding	13	29	0	25	11	17	0	5	15
	General surrounding (%)	29	15	0	2	53	17	10	22	16
7	Total responses for dissatisfaction with cost of treatment	16	10	0	1	24	9	3	6	9
7.1	Medicines and Supplies	10	4	0	0	45	53	30	27	56
	Medicines and Supplies (%)	34	27	0	0	42	3	6	9	4
7.2	Investigations	3	1	0	1	7	18	60	41	25
	Investigations (%)	10	7	0	50	13	29	10	32	19
7.3	Informal payment	9	15	1	6	92	20	6	32	10
	Informal payment (%)	3	5	1	1	24	3	2	13	5
8	Total responses for dissatisfaction with quality of treatment	33	33	100	17	26	15	33	41	50
8.1	No relief in symptoms	3	2	0	0	7	0	0	3	2
	No relief in symptoms (%)	33	13	0	0	8	0	0	9	20
8.2	Health condition worsened	2	7	0	4	53	13	1	12	3
	Health condition worsened (%)	22	47	0	67	58	65	17	38	30
8.3	Doctor did not listen carefully	1	1	0	1	4	3	2	1	0
	Doctor did not listen carefully (%)	11	7	0	17	4	15	33	3	0
8.4	Inadequately skilled nurses	0	0	0	0	4	1	1	3	0
	Inadequately skilled nurses (%)	0	0	0	0	4	1	1	3	0
8.5	Poor quality of food	61	66	0	4	189	50	17	9	0
	Poor quality of food (%)	29	32	0	3	79	32	3	95	33
9	Total responses for dissatisfaction with other reasons	48	48	0	75	42	64	43	63	42
9.1	Long waiting time	4	5	0	0	18	4	2	6	6
	Long waiting time (%)	7	8	0	0	10	8	29	6	18
9.2	Inadequate information	4	2	0	0	14	4	0	4	1
	Inadequate information (%)	7	0	0	0	7	8	0	4	3
9.3	Lack of amenities	4	0	0	0	18	2	0	5	2
	Lack of amenities (%)	7	12	0	1	20	4	0	8	2
9.4	Lack of support	11	18	0	25	11	4	0	8	6
	Lack of support (%)	13	15	0	0	40	6	2	12	8
9.5	Overcrowding	21	23	0	0	21	12	29	13	24
	Overcrowding (%)									
9.6	Any other									
	Any other (%)									



Receipt No : 477760/2017/E-GOVERNANCE

Sr. No.	Mera Aspataal	40	41	42	43	44	45	46	47	48
	AIIMS, New Delhi (6th Sept 2016 - 4th Feb 2017)									
	INDICATORS	Neonatal	Pain Clinic	Surgical Oncology	Anesthesiology IRCH	Radiation Oncology	Gynaecology-A	ENT-IRCH	Paediatric Surgery-IRCH	Urology-IRCH
1	Patient Visits	1,486	153	1,357	1,343	1,968	49	304	44	109
2	Patients with Valid Phone Numbers	1,378	118	1,321	1,293	1,911	48	297	42	106
	Patients with valid phone numbers (%)	93	77	97	96	97	98	98	95	97
3	Total Responses	81	18	156	138	208	6	25	4	6
	Total responses (%)	6	15	12	11	11	13	8	10	6
3.1	Very Satisfied	33	6	57	44	73	2	7	1	1
	Very Satisfied (%)	41	33	37	32	35	33	28	25	17
3.2	Satisfied	35	8	73	63	89	4	12	2	2
	Satisfied (%)	43	44	47	46	43	67	48	50	33
3.3	Not Satisfied	13	4	26	31	46	0	6	1	3
	Not Satisfied (%)	16	22	17	22	22	0	24	25	50
4	Total responses for dissatisfaction	9	2	21	26	42	0	7	1	2
4.1	Staff behaviour	4	1	8	6	15	0	3	1	0
	Staff behaviour (%)	44	50	38	23	36	0	43	100	0
4.2	Cleanliness	2	0	1	2	3	0	1	0	1
	Cleanliness (%)	22	0	5	8	7	0	14	0	50
4.3	Cost of treatment	0	0	5	1	4	0	0	0	0
	Cost of treatment (%)	0	0	24	4	10	0	0	0	0
4.4	Quality of treatment	0	0	2	3	6	0	1	0	0
	Quality of treatment (%)	0	0	10	12	14	0	14	0	0
4.5	Other reasons	3	1	5	14	14	0	2	0	1
	Other reasons (%)	33	50	24	54	33	0	29	0	50
5	Total responses for dissatisfaction with staff behaviour	3	1	8	3	11	0	1	1	0
5.1	Doctor	2	0	3	1	7	0	0	0	0
	Doctor (%)	67	0	38	33	64	0	0	0	0
5.2	Nurse	1	0	2	1	2	0	0	0	0
	Nurse (%)	33	0	25	33	18	0	0	0	0
5.3	Laboratory/X-Ray technician	0	0	2	1	0	0	0	0	0
	% Laboratory/X-Ray technician (%)	0	0	25	33	0	0	0	0	0
5.4	Pharmacist	0	0	0	0	0	0	0	0	0
	Pharmacist (%)	0	0	0	0	0	0	0	0	0
5.5	Ward boy	0	0	0	0	0	0	0	0	0
	Ward boy (%)	0	0	0	0	0	0	0	0	0
5.6	Other Staff	0	1	1	0	2	0	1	1	0
	Other Staff (%)	0	100	13	0	18	0	100	100	0
6	Total responses for dissatisfaction with cleanliness	2	0	1	1	3	0	1	0	1
6.1	Patient registration and waiting area	0	0	1	0	1	0	1	0	1
	Patient registration and waiting area (%)	0	0	100	0	33	0	100	0	100
6.2	wards	0	0	0	0	0	0	0	0	0
	wards (%)	0	0	0	0	0	0	0	0	0
6.3	Examination room and table	0	0	0	0	1	0	0	0	0
	Examination room and table (%)	0	0	0	0	33	0	0	0	0
6.4	Corridors	1	0	0	0	0	0	0	0	0
	Corridors (%)	50	0	0	0	0	0	0	0	0
6.5	Toilet	1	0	0	0	1	0	0	0	0
	Toilet (%)	50	0	0	0	33	0	0	0	0
6.6	Bed sheets	0	0	0	0	0	0	0	0	0
	Bed sheets (%)	0	0	0	0	0	0	0	0	0
6.7	General surrounding	0	0	0	1	0	0	0	0	0
	General surrounding (%)	0	0	0	100	0	0	0	0	0
7	Total responses for dissatisfaction with cost of treatment	0	0	4	0	4	0	0	0	0
7.1	Medicines and Supplies	0	0	2	0	3	0	0	0	0
	Medicines and Supplies (%)	0	0	50	0	75	0	0	0	0
7.2	Investigations	0	0	2	0	1	0	0	0	0
	Investigations (%)	0	0	50	0	25	0	0	0	0
7.3	Informal payment	0	0	0	0	0	0	0	0	0
	Informal payment (%)	0	0	0	0	0	0	0	0	0
8	Total responses for dissatisfaction with quality of treatment	0	0	2	3	4	0	0	0	0
8.1	No relief in symptoms	0	0	1	2	1	0	0	0	0
	No relief in symptoms (%)	0	0	50	67	25	0	0	0	0
8.2	Health condition worsened	0	0	0	0	0	0	0	0	0
	Health condition worsened (%)	0	0	0	0	0	0	0	0	0
8.3	Doctor did not listen carefully	0	0	0	1	3	0	0	0	0
	Doctor did not listen carefully (%)	0	0	0	33	75	0	0	0	0
8.4	Inadequately skilled nurses	0	0	1	0	0	0	0	0	0
	Inadequately skilled nurses (%)	0	0	50	0	0	0	0	0	0
8.5	Poor quality of food	0	0	0	0	0	0	0	0	0
	Poor quality of food (%)	0	0	0	0	0	0	0	0	0
9	Total responses for dissatisfaction with other reasons	6	0	5	12	14	0	2	0	0
9.1	Long waiting time	2	0	3	9	6	0	2	0	0
	Long waiting time (%)	33	0	60	75	43	0	100	0	0
9.2	Inadequate information	1	0	1	0	2	0	0	0	0
	Inadequate information (%)	17	0	20	0	14	0	0	0	0
9.3	Lack of amenities	2	0	0	1	1	0	0	0	0
	Lack of amenities (%)	33	0	0	8	7	0	0	0	0
9.4	Lack of support	0	0	0	0	0	0	0	0	0
	Lack of support (%)	0	0	0	0	0	0	0	0	0
9.5	Overcrowding	1	0	0	0	1	0	0	0	0
	Overcrowding (%)	17	0	0	0	7	0	0	0	0
9.6	Any other	0	0	1	2	4	0	0	0	0
	Any other (%)	0	0	20	17	29	0	0	0	0



Receipt No : 477760/2017/E-GOVERNANCE

Sr. No.	Mera Asptaal AIIMS, New Delhi (6th Sept 2016 - 4th Feb 2017)									
	INDICATORS	56	57	58	59	60	61	62	63	64
1	Patient Visits	Gynaecology-C	Medical Oncology(Main)	Surgical Oncology(Main)	Anaesthesia	PROCEDURE	Adult Genetic	Radiology	Plastic Surgery	Centre for Integrative Medicine and Research(CIM-IR)
2	Patients with Valid Phone Numbers	44	124	2	1,728	18,397	806	3	696	26
3	Patients with valid phone numbers (%)	43	118	2	1,646	17,648	765	3	668	21
3.1	Total Responses	98	95	100	95	96	95	100	96	81
3.1	Total responses (%)	6	10	0	210	1,825	82	0	59	1
3.2	Very Satisfied	14	8	0	13	10	11	0	9	5
3.2	Very Satisfied (%)	3	4	0	63	620	25	0	22	1
3.2	Satisfied	50	40	0	30	34	30	0	37	100
3.2	Satisfied (%)	0	6	0	101	830	31	0	24	0
3.3	Not Satisfied	0	60	0	48	45	38	0	41	0
3.3	Not Satisfied (%)	3	0	0	46	375	26	0	13	0
4	Total responses for dissatisfaction	50	0	0	22	21	32	0	22	0
4.1	Staff behaviour	4	0	0	38	312	16	0	9	0
4.1	Staff behaviour (%)	1	0	0	14	97	7	0	4	0
4.2	Cleanliness	25	0	0	37	31	44	0	44	0
4.2	Cleanliness (%)	0	0	0	3	15	2	0	0	0
4.3	Cost of treatment	0	0	0	8	5	13	0	0	0
4.3	Cost of treatment (%)	1	0	0	4	46	2	0	1	0
4.4	Quality of treatment	25	0	0	11	15	13	0	11	0
4.4	Quality of treatment (%)	1	0	0	6	43	1	0	2	0
4.5	Other reasons	25	0	0	16	14	6	0	22	0
4.5	Other reasons (%)	1	0	0	11	111	4	0	2	0
5	Total responses for dissatisfaction with staff behaviour	25	0	0	29	36	25	0	22	0
5.1	Doctor	1	0	0	11	97	5	0	2	0
5.1	Doctor (%)	0	0	0	3	22	4	0	1	0
5.2	Nurse	0	0	0	27	23	80	0	50	0
5.2	Nurse (%)	1	0	0	3	12	1	0	0	0
5.3	Laboratory/X-Ray technician	100	0	0	27	12	20	0	0	0
5.3	% Laboratory/X-Ray technician (%)	0	0	0	1	18	0	0	1	0
5.4	Pharmacist	0	0	0	9	19	0	0	50	0
5.4	Pharmacist (%)	0	0	0	0	5	0	0	0	0
5.5	Ward boy	0	0	0	0	5	0	0	0	0
5.5	Ward boy (%)	0	0	0	2	10	0	0	0	0
5.6	Other Staff	0	0	0	18	10	0	0	0	0
5.6	Other Staff (%)	0	0	0	2	30	0	0	0	0
6	Total responses for dissatisfaction with cleanliness	0	0	0	18	31	0	0	0	0
6.1	Patient registration and waiting area	0	0	0	3	15	2	0	0	0
6.1	Patient registration and waiting area (%)	0	0	0	1	3	0	0	0	0
6.2	wards	0	0	0	33	20	0	0	0	0
6.2	wards (%)	0	0	0	1	3	0	0	0	0
6.3	Examination room and table	0	0	0	33	20	0	0	0	0
6.3	Examination room and table (%)	0	0	0	0	0	0	0	0	0
6.4	Corridors	0	0	0	0	0	0	0	0	0
6.4	Corridors (%)	0	0	0	0	0	0	0	0	0
6.5	Toilet	0	0	0	0	0	0	0	0	0
6.5	Toilet (%)	0	0	0	1	5	2	0	0	0
6.6	Bed sheets	0	0	0	33	33	100	0	0	0
6.6	Bed sheets (%)	0	0	0	0	1	0	0	0	0
6.7	General surrounding	0	0	0	0	7	0	0	0	0
6.7	General surrounding (%)	0	0	0	0	3	0	0	0	0
7	Total responses for dissatisfaction with cost of treatment	0	0	0	0	20	0	0	0	0
7.1	Medicines and Supplies	0	0	0	2	33	1	0	1	0
7.1	Medicines and Supplies (%)	0	0	0	1	16	1	0	0	0
7.2	Investigations	0	0	0	50	48	100	0	0	0
7.2	Investigations (%)	0	0	0	1	12	0	0	0	0
7.3	Informal payment	0	0	0	50	36	0	0	0	0
7.3	Informal payment (%)	0	0	0	0	5	0	0	1	0
8	Total responses for dissatisfaction with quality of treatment	0	0	0	0	15	0	0	100	0
8.1	No relief in symptoms	0	0	0	3	33	1	0	2	0
8.1	No relief in symptoms (%)	0	0	0	0	13	0	0	1	0
8.2	Health condition worsened	0	0	0	0	39	0	0	50	0
8.2	Health condition worsened (%)	0	0	0	1	2	0	0	0	0
8.3	Doctor did not listen carefully	0	0	0	33	6	0	0	0	0
8.3	Doctor did not listen carefully (%)	0	0	0	2	12	1	0	0	0
8.4	Inadequately skilled nurses	0	0	0	67	36	100	0	0	0
8.4	Inadequately skilled nurses (%)	0	0	0	0	3	0	0	1	0
8.5	Poor quality of food	0	0	0	0	9	0	0	50	0
8.5	Poor quality of food (%)	0	0	0	0	3	0	0	0	0
9	Total responses for dissatisfaction with other reasons	1	0	0	0	9	0	0	0	0
9.1	Long waiting time	1	0	0	11	111	4	0	2	0
9.1	Long waiting time (%)	100	0	0	45	58	2	0	1	0
9.2	Inadequate information	0	0	0	0	52	50	0	50	0
9.2	Inadequate information (%)	0	0	0	0	6	0	0	0	0
9.3	Lack of amenities	0	0	0	0	5	0	0	0	0
9.3	Lack of amenities (%)	0	0	0	1	5	0	0	0	0
9.4	Lack of support	0	0	0	9	5	0	0	0	0
9.4	Lack of support (%)	0	0	0	0	2	0	0	0	0
9.5	Overcrowding	0	0	0	1	16	0	0	0	0
9.5	Overcrowding (%)	0	0	0	9	14	0	0	0	0
9.6	Any other	0	0	0	4	24	2	0	1	0
9.6	Any other (%)	0	0	0	36	22	50	0	50	0





Charu Khatter &lt;khattercharu32@gmail.com&gt;

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**Fwd: Fw: Integration of CMCHIS with Mera Aaspataal**

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**Amit Kumar** <amitkumariss34@gmail.com>  
To: Charu Khatter <khattercharu32@gmail.com>

Thu, Apr 13, 2017 at 10:57 AM

----- Forwarded Message -----

**From:** Sumit Soam <sumitsoam13@gmail.com>  
**To:** Dr. Varun Goyal <varun@saathii.org>  
**Cc:** MoH Jitendra Arora Sir <dir.ehealth@gmail.com>; US SK Pani <skpani2001@yahoo.com>; NISG Chandrasen <chandra\_works2001@yahoo.com>  
**Sent:** Tuesday, April 11, 2017, 11:08:12 AM GMT+5:30  
**Subject:** Integration of CMCHIS with Mera Aaspataal

Dear Varun,

Govt. of Tamil Nadu has implemented CMCHIS (Chief Minister's Comprehensive Health Insurance Scheme) in 753 Hospitals both Govt. and Private sectors (158 Govt. and 595 Private institution) across the state of Tamil Nadu.

In this regard, Govt. of Tamil Nadu has proposed to integrate the CMCHIS software with the PSS portal (Mera Aaspatal) for feedback from the beneficiaries of the scheme towards enhancing the quality of service delivery under the scheme. they have also recommended few feedback modalities to be included in the integrated CMCHIS & Mera Aaspatal application such as:-

1. Additional money collection by the hospitals from the patients treated under the scheme
2. Quality of treatment at the Hospitals.
3. Responsiveness of the hospitals staff.
4. Any other grievance of the beneficiaries.

You are therefore requested to kindly work out the suitable compliance in integration of Mera Aaspatal with CMCHIS requested by Govt. of Tamil Nadu. The DO letter is attached for your reference.

--

**Regards,**  
**Sumit Soam**  
**Consultant - (e-Governance)**  
**Ministry of Health & Family Welfare,**  
**Government of India**  
**Room no. 517-A, Nirman Bhavan, New Delhi - 110011**  
**(M) 8447867313**

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 **Integration of Chief Minister Comprehensive Health Insurance S.pdf**  
317K

Dr. Darez Ahamed, I.A.S.,  
Mission Director, NHM &  
Project Director I /c.,  
Tamil Nadu Health Systems Project



359, Anna Salai,  
DMS Annex Building,  
3<sup>rd</sup> Floor, Teynampet,  
Chennai-600 006.  
Phone:044-24345990

**D.O. Letter. Ref. No 754/TNHSP/Ins/17 dt: .03.2017**

Dear Sir,

**Sub:** Integration of Chief Minister's Comprehensive Health Insurance Scheme data with PSS portal of GoI – reg

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I wish to bring to your kind attention that the Chief Minister's Comprehensive Health Insurance Scheme has been implemented by the Dept. of Health & Family Welfare, Govt. of Tamil Nadu in the empaneled hospitals of both Govt. and Private sectors across the state of Tamil Nadu. The scheme is funded by the State Govt. and currently a total of 753 hospitals are empaneled including 158 Govt. and 595 Private institutions.


In this regard it is proposed to integrate the CMCHIS software with the PSS portal (Mera Hospital) GoI for feedback from the beneficiaries of the scheme towards enhancing the quality of service delivery under the scheme.

I also request that following feedback modalities may be primarily included for the integrated CMCHIS & PSS portal:

- Additional money collection by the hospitals from the patients treated under the scheme
- Quality of treatment at the hospitals
- Responsiveness of the hospital staff
- Any other grievance of the beneficiaries.

The entire data regarding the results/feedbacks of the beneficiary contacted through your outsourced technical team, may be kindly shared to us.

Yours Sincerely

With regards,   
(Dr. Darez Ahamed)

To  
**Shri. Manoj Jhalani,**  
**Joint Secretary, National Health Mission,**  
**242-A Nirman Bhawan,**  
**Maulana Azad Marg, New Delhi**



FIS:- 519526/2017

File no. P.17029/33/2016-NRHM-IV  
Ministry of Health & Family Welfare

Nirman Bhawan, New Delhi

Dated: - 17<sup>th</sup> April, 2017

## MEETING NOTICE

**Subject: - Review meeting of Mera Aspataal Application.**

A meeting shall be held under the chairmanship of Shri Manoj Jhalani, Joint Secretary (Policy) MoH&FW, in his chamber, Room no. 252- A wing at 12:15 PM on 18/04/2017 to review the Mera Aspataal application.

You are requested to make it convenient to attend the meeting with the updated information.

*Sharma*  
(Sunita Sharma)  
Director (NHM-IV)

To

- ✓ 1. Director (E-Governance), MoHFW
2. Shri J.N. Srivastava, Advisor, NHSRC
3. NIC (Shri Sunil Kumar Sr. Technical Dir)/ Shri Sinha)
4. SAATHI (Dr. Varun)

Copy to:-

1. PS to JS (P)
2. Protocol with the request to make arrangement for tea and biscuits.

*VS & consultant / Sh. Sunil Kumar  
may attend the meeting*

*Attended the meeting  
alongwith Shri Sunil Kumar  
19/4/17.*

*AD (Health)*

**Information Required for Implementation of the Mera Aspataal Application**

1. Health facility name:
2. District:
3. Contact details of facility in-charge:
  - a. Name:
  - b. Designation:
  - c. Mobile/Landline #:
  - d. Email id:
4. Contact details of IT personnel (System engineer/programmer):
  - a. Name:
  - b. Designation:
  - c. Mobile/Landline #:
  - d. Email id:
5. Is patient registration manual or IT-based?
6. If IT based, is IT-based registration performed for all patients (OPD/IPD/Emergency)?  
In case of IPD, is discharge information also recorded using the electronic HMIS?
7. How is information from the HMIS software stored? Is the software web/cloud-based or it is hosted on a local server?
8. If the HMIS system is hosted on a local server, will it be possible to retrieve patient demographic data such as patient ID, patient visit ID, name, age, gender, phone # etc. and share it with the Mera Aspataal program through CSV mode?
9. HMIS developer details:
  - a. Company name:
  - b. Address:
  - c. Concerned official name:
  - d. Designation:
  - e. Mobile/landline #:
  - f. Email id:



10. Do you know whether any other public health facilities have the same HMIS software that you are using? If so, can you give me their names of the facilities?

11. Is the following information recorded for each patient?

Details	For both new/ old patient (yes/no)	If yes, is it possible to provide the data in following format? (Yes/No) Please specify if there is any issue.	
Patient ID		String	
Visit ID		Integer and unique during each patient's revisits	
Patient Name		String	
Patient Age		Integer. Rounded to nearest year	
Patient Gender		Integer. Male (1) or Female (2) or Transgender (3)	
In-patient or Out-patient		Integer attribute in the patient data file denotes (2) for OP and (1) for IP patient	
Visit Date		Format in patient data file should be yyyy-mm-dd.. Ex: 21Dec2016 will be 2016-12-21	
Discharge Date (for in-patients only)		For inpatient, the discharge date should be specified in place of visit date. The format is same as mentioned for visit date	
Department visited		Integer attribute in patient data file denotes Department ID	
Visit Time		Format in patient data file should be 24HHmm. E.g. 1:15pm will be 1315 and 9:30am will be 0930	
Patient's phone number (mobile/landline)		Mobile - integer in patient data file should be 10 digits. 0 if not available. Landline: patient data file should include the STD code without any delimiters. 0 if not available. Ex: Delhi landline numbers should be "1188888888"	
Patient Aadhaar #		Integer i.e. 0	

Receipt No : 523226/2017/E-GOVERNANCE

Subject: **Fwd: Roll-out of Patient Feed-back System - Mera-Aspatal at Central Government Hospitals and autonomous Hospitals**  
To: sharma.sunita@nic.in

Date: 04/21/17 07:22 PM  
From: "Amit Kumar" <amit.k89@gov.in>

Annexure.docx (29kB)

Roll-out of Patient Feed-back System - Mera-Aspata... (1.0MB)

----- Original Message -----

From: "**Amit Kumar**" <amit.k89@gov.in>

Date: 21 Apr 2017 15:59:22

Subject: Roll-out of Patient Feed-back System - Mera-Aspatal at Central Government Hospitals and autonomous Hospitals

To: Med.sup.rmlh@gmail.com, sa-nitrd@nic.in, r.sarin@nitrd.nic.in, director@rims.edu.in, dean@mgims.ac.in, gargbs@gmail.com, secretary@mgims.ac.in, ashwini@mgims.ac.in, sngaur@gmail.com, admin@vpci.org.in, dram\_cip@rediffmail.com, director@cipranchi.ni.in, director@aiishmysore.in, skdeuri1959@gmail.com, lgbrimh@yahoo.co.in, aiihph@cal.vsnl.net.in, madhumitadobe@gmail.com, aiipmr@vsnl.com, dranilgaur@gmail.com, deepakchaudhary@hotmail.com, drkksinghal@gmail.com

Cc: Shri Sunil Sharma JS <sunil.sharma62@gov.in>, Jitendra Arora <dir.ehealth@gmail.com>, Jitendra Arora <jitendra.arora@gov.in>, Sumit Soam <sumitsoam13@gmail.com>, Chandrasen <chandra\_works2001@yahoo.com>, varun@saathii.org

Sir/Mam,

Please find attached the letter from JS(eHealth) regarding Roll-out of Patient Feed-back System - Mera-Aspatal at Central Government Hospitals and autonomous Hospitals.

All the hospitals are requested to nominate a nodal officer who will coordinate with MoHFW for all queries related to this integration.

As your hospital may on-board the "Mera Aspataal" application, It is also requested to kindly create systems so as to ensure capturing of mobile phone of the patients visiting hospitals, so that it would be possible to obtain feedback from patients.

In case of any clarification required for seeking, you may contact Sh. Varun Goyal, PPP specialist, SAATHI at [varun@saathii.org](mailto:varun@saathii.org) (9650800348) or Sh. Sumit Soam, Consultant, (e-Gov), MoHFW at [sumitsoam13@gmail.com](mailto:sumitsoam13@gmail.com) (8447867313).

--

Regards

Amit Kumar

Assistant Director (eHealth)

Ministry of Health &amp; Family Welfare

Room No. 213D

Nirman Bhawan

New Delhi – 110 011

Tel: 011 – 2306 2263

--



**Sunil Sharma, IRPS**  
Joint Secretary



भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
निर्माण भवन, नई दिल्ली - 110108  
Government of India  
Ministry of Health & Family Welfare  
Nirman Bhavan, New Delhi - 110108  
Tel. : +91-11-23061773  
Fax : +91-11-23062157  
E-mail : sunil.sharma62@gov.in

No.Z-18015/26/2016-eGov  
20<sup>th</sup> April, 2017

**Subject: Roll-out of Patient Feed-back System - 'Mera-Aspatal' at Central Government Hospitals and autonomous Hospitals.**

Dear *Sir / Madam*,

Every health system should aspire to provide patient-centric care. This can be best done by empowering citizens to have their voice heard, involve them in making health care system more accountable and creating a system that acts on their feedback. Towards this end, the Ministry of Health and Family Welfare launched 'Mera Aspataal (My Hospital)' application. So far, 141 health facilities are integrated with "Mera Aspataal". We propose to scale up the 'Mera Aspataal' program with all the central government hospitals, medical college hospitals and district hospitals. It is proposed to integrate all central government hospitals with Mera Aspataal application to get patients feedback.

2. The application allows multi-channel approach to collect information on patients' level of satisfaction i.e. Short Message Service (SMS), Outbound Dialling (OBD), web portal and mobile application. The application automatically contacts the patient to collect information on their level of satisfaction. The application provides almost real time analysis of data and meaningful insights to analyse the performance from patient's perspective. This helps the Government and Institutions to develop action plans based on the feedback which leads to improved patient experience and quality of care.

3. The initiative could be implemented in those health facilities, where either centralised Hospital Management System (HMS) or computerized patient registration system on local server is functional, Capturing mobile / landline number of all the patients visiting the facilities is a critical requirement of the 'Mera-Aspataal' application. It has been desired that all the central govt. hospitals/institutes must adopt 'Mera-Aspataal' and authorize the HMS developer(s) to arrange sharing of the patients' information on daily basis with the application in the formats enclosed as **Annexure**.

4. I may also request you to nominate a nodal officer who will coordinate with MoHFW for all queries related to this integration.




5. As your hospital may on-board the "Mera Aspataal" application, I may also request you to create systems so as to ensure capturing of mobile phone of the patients visiting hospitals, so that it would be possible to obtain feedback from patients.

6. In case of any clarification required for seeking, you may contact Sh. Varun Goyal, PPP specialist, SAATHI at [varun@saathii.org](mailto:varun@saathii.org) (9650800348) or Sh. Sumit Soam, Consultant, (e-Gov), MoHFW at [sumitsoam13@gmail.com](mailto:sumitsoam13@gmail.com) (8447867313)

7. Immediate action/compliance in the matter is requested.

Yours Sincerely,

  
(Sunil Sharma) 25/4/17

To,

- Dr. Rohit Sarin, NITRD, New Delhi
- Dr. B S Garg, Secretary, MGIMS, Maharashtra
- Dr. R. N. Chaudhuri, AIIHPH, New Delhi
- Dr. Deepak Chaudhary, Sports Injury Centre, New Delhi
- Dr. Arun Kumar Singh, RIMS, Imphal, Manipur
- Dr. S.N. Gaur , (VPCI), Delhi
- Dr. D. Ram , Central Institute pf Psychiatry (CIP), Kanke, Ranchi
- Dr. S.R. Savithri, Director, (AIISH), Manasagangothri
- Dr. S. K. Deuri, (LGBRIMH), Tezpur
- Dr. A. K. Gadpayle RML, New Delhi
- Dr. Jagdish Chandra LHMC, New Delhi (MC) – SSKH
- Dr. Anil Gaur, AIIPMR, Maharashtra



**ANNEXURE****Integration of District Hospital with "Mera Aspataal"**

- Identified facilities to share the patient information on a daily basis using web services, as per the JSON file attached as Table-I.
- In case the web service is not available, the patient data should be made available through Comma Separated Values (CSV) format uploaded to a File Transfer Protocol (FTP) at a scheduled time. The CSV Format is attached as Table-II. In case of CSV, the department master data is also required and the format for the same is attached as Table-III.
- Each attribute in the following tables is explained as Table - IV to understand what values to be passed.
- The MoHFW is in the process of generating National Identification Number (NIN) for government health facilities across India. To provide information about the components for which NIN related information is already being captured in the hospital information system software, a JSON file is attached as Table-V.
- For any clarifications, you may contact Ms. Sunita Sharma, Director (NHM-IV) (at sharma.sunita@nic.in or Tel: 011-23061975), Dr. J N Srivastava, Advisor (QI), NHSRC (at jn.nhsr@gmail.com or Tel: 011-26108982 – 93) or Dr Varun Goyal, PPP Specialist, SAATHII (at varun@saathii.org or Tel: 09650800348).

**Table-I**  
**Patient Data - JSON Format**

```

"patientID": "1111602120",
"ninID": 1234567890,
"visitID": 1111160,
"patientName": "Jitin Kumar",
"mobile": 9999999999,
"landline": 0,
"aadhaarNumber": 0,
"visitDate": "2016-09-22",
"departmentID": 107,
"patientTypeID": 2,
"gender": 1,
"age": 1,
"visitTime": "0637"
},
{
  "patientID": "1511602473",
  "ninID": 1234567890,
  "visitID": 1151160,

```

```

    "patientName": "B/O Sanjay",
    "mobile": 9999999999,
    "landline": 0,
    "aadhaarNumber": 0,
    "visitDate": "2016-09-22",
    "departmentID": 118,
    "patientTypeID": 2,
    "gender": 1,
    "age": 1,
    "visitTime": "0704"
  }
],
"error": "",
"dateTime": "2016-09-22 09:24:54"
}
}

```

**Table-II**  
**Patient Data - CSV Format**

i d	ninI D	patientID	visitID	patient Name	mobile	lan dlin e	aadh aarN umbe r	visitD ate	visit Time	dep art men tID	pati ent Typ eID	ge nd er	ag e
1	663 347 832 3	0001662f6488 82676538cc5 dd6fd8dd3	201659 000000 00	Mr. Anjani Kumar	99999 99999	0	4634 9200 0000	20- 09- 2016	00:1 0:07	7	1	1	59
2	663 347 832 3	0001662f6999 72676538cc5 dd6fd8dd4	201659 000000 00	Mrs Akhila	88888 88888	0	4634 9300 0000	20- 09- 2016	00:0 9:15	7	2	2	40

**Table-III Department Master Data**

Department ID	Department Name



**Table - IV**  
**Meaning of Attributes**

**Below are the details on the data type and format for the attributes in the patient Visit template**

1. **ninID** – integer. Hospital ID provided from NHP
2. **Patient ID** – string. Should be unique.
3. **VisitID** - combination should be unique to identify one encounter/visit of a patient
4. **PatientName** – string
5. **Mobile** - integer in patient data file should be 10 digits. 0 if not available.
6. **Landline** - patient data file should include the std code without any delimiters. 0 if not available.  
Ex: Delhi landline numbers should be "1188888888"
7. **AaadhaarNumber** - integer. 0 if not available
8. **VisitDate** - format in patient data file should be yyyy-mm-dd  
Ex: 21Dec2016 will be 2016-12-21
9. **VisitTime** - format in patient data file should be 24HHmm  
Ex: 1:15pm will be 1315 and 9:30am will be 0930
10. **DepartmentID** - integer attribute in patient data file denotes Department ID as per NIN.
11. **PatientTypeID** - integer attribute in the patient data file denotes OP (2) or IP (1) patient.
12. **Gender** - Integer. Male (1) or Female (2) or Transgender (3)
13. **Age** - Integer

**Note: If inpatient, the patient details will be provided for those who are discharged for the day.**

**Table - V****Hospital JSON File**

```

{
  "hospitalData": [
    {
      "ninID": "1234567890",
      "name": "ABC General Hospital",
      "facilityTypeID": "5",
      "address":
        {
          "line1": "6, 10th Cross, 5th Main",
          "line2": "BSK Layout",
          "blockID": "45",
          "talukaID": "32",
          "districtID": "245",
          "stateID": "1",
          "pincode": "560098"
        },
      "latitude": "17.34343",
      "longitude": "37:56565",
      "departmentList": [
        {"id": "1", "name": "Cadiology"},
        {"id": "2", "name": "Gastroenterology"},
        {"id": "3", "name": "Dentistry"}
      ],
      "contactPerson": "Sachin",
      "contactNumberMobile": "9012901290",
      "contactNumberLandline": "232-23242323",
      "contactEmail": "sachin123@gmail.com",
      "active": "yes",
      "operationalStatus": "Functional",
      "regionType": "urban",
      "ownershipAuthorityID": "1"
    },
    {
      "ninID": "3234567890",
      "name": "PCM General Hospital",
      "facilityTypeID": "9",
      "address":
        {
          "line1": "6, 15th Cross",
          "line2": "Sector 2",
          "blockID": "45",
          "talukaID": "32",

```



Receipt No : 523226/2017/E-GOVERNANCE

```
        "districtID": "245",
        "stateID": "1",
        "pincode": "560098"
    },
    "latitude": "17.34343",
    "longitude": "37:56565",
    "departmentList": [
        {"id": "1", "name": "Cadiology"},
        {"id": "2", "name": "Orthopedic"},
        {"id": "3", "name": "Pediatrics"}
    ],
    "contactPerson": "Rahul",
    "contactNumberMobile": "9012901290",
    "contactNumberLandline": "232-23242323",
    "contactEmail": "rahul123@rahul.com",
    "active": "no",
    "operationalStatus": "Non-Functional Under Repair",
    "regionType": "rural",
    "ownershipAuthorityID": "1"
    }
    ]
}
```



## All India Institute of Speech and Hearing

(An autonomous Institute under the  
Ministry of Health and Family Welfare, Govt. of India)  
Center of Excellence - Assessed & accredited by NAAC with 'A' Grade  
ISO 9001: 2008 Certified Institute  
Manasagangothri, Mysuru - 570 006

ಅಖಿಲ ಭಾರತ ವಾಕ್ ಶ್ರವಣ ಸಂಸ್ಥೆ  
ಮಾನಸಗಂಗೋತ್ರಿ, ಮೈಸೂರು - 570 006  
अखिल भारतीय वाक् श्रवण संस्थान  
मानसगंगोत्री, मैसूरु - 570 006

No.SH/Dir/Gen.75/2017-18

21.4.2017

Sri Amit Kumar  
Assistant Director (eHealth)  
Ministry of Health & Family Welfare  
Room No.213D, Nirman Bhavan  
New Delhi 110 011  
Email: [amit.k89@gov.in](mailto:amit.k89@gov.in)

Sir,

This has reference to your email dated 21.4.2017 sent at 3.59 p.m on 'Roll-out of Patient Feedback System – Mera-Aspatal at Central Government Hospitals and Autonomous Hospitals.

The All India Institute of Speech and Hearing is an academic Institution and not a hospital. However, it offers clinical services in terms of assessment and rehabilitation of persons with communication disorders. Therefore, the Institute currently does not have any inpatient but clients with communication disorders register at the Department of Clinical Services to avail service which is a part of the training for the students doing the Bachelor's and Master's programme in the field of Speech and Hearing.

As the Institute is ISO certified, it gets the feedback from the patients and the mobile number of the patient is taken at the time of registration. However, to go in line with Roll-out of Patient Feedback System – Mera-Aspatal at Central Government Hospitals and Autonomous Hospitals, Dr. N Sreedevi, Head, Department of Clinical Services is nominated as the Nodal Officer. Her contact No. is 0821-250 2500, Mobile: 094499 53666, Email: [sreedeviaiish@gmail.com](mailto:sreedeviaiish@gmail.com).

Thanking you and with best regards,

Yours sincerely,

Dr. S.R. Savithri  
Director

Copy to:

Dr. N Sreedevi  
HOD-Clinical Services  
AIISH, Mysore – for needful



1

F. No. P-17029/33/2016-NHM-IV, Part-II  
Government of India  
Ministry of Health & Family Welfare  
NHM-IV section

Nirman Bhavan, New Delhi  
Dated 12<sup>th</sup> January, 2017

**Subject: Roll out of Patient Feedback System - 'Mera Aspataal' at NEIGRIHMS, LHMC hospitals - reg.**

Ministry of Health & Family Welfare, Government of India has been striving hard to provide accessible, equitable and quality health services at all levels. For achieving this objective, one of the key strategies has been to ensure 'patient-centric' care to be delivered at public health facilities. In this direction, an IT based patients' feedback system "Mera Aspataal" has been launched by Hon'ble HFM on 29<sup>th</sup> August 2016. So far 94 facilities are integrated. It will further be scaled to all district hospitals and central government hospitals.

2. Drafts are put up to integrate Smt. Suchitra Kriplani Hospital and Kalawati Saran Children Hospital associated with Lady Hardinge Medical College (LHMC) and North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences (NEIGRIHMS) under 'Mera Aspataal', for your kind perusal, approval and signature please.

*N. V. Desai*  
12/01/17  
Dr. Nisarg Desai  
Consultant (NHM)

Director (NHM-IV)

*Dr. Nisarg Desai*  
12/1/17

PS  
13/1/17

JS(P)

F. N. P-17029/33/2016-NHM-IV, part-II

**Subject: Inputs on online services being provided by MoHFW-reg.**

Please refer to the letter no. Z-18015/6/2015-NRHM-II (pt-1) dated 9<sup>th</sup> January 2017 from DD, NHM-II regarding to submit inputs on online services being provided by MoHFW. Of all the online services, NHM-IV deals with "Mera Aspaataal". Given information for "Mera Aspaataal" is updated considering the inputs from SAATHI, put up for your kind perusal and approval. If approved, draft for the same is put up for approval and signature please.

*M. V. Desai*  
Dr. Nisarg Desai  
Consultant (NHM)

Director (NHM-IV)

*Dr. Nisarg Desai*

(81)



F. No. P-17029/33/2016-NHM-IV, Part-II

Subject: Roll out of Patient Feedback System – 'Mera Aspataal' at  
RIMS, BMHRC hospitals – reg.

Ministry of Health & Family Welfare, Government of India has been striving hard to provide accessible, equitable and quality health services at all levels. For achieving this objective, one of the key strategies has been to ensure 'patient-centric' care to be delivered at public health facilities. In this direction, an IT based patients' feedback system "Mera Aspataal" has been launched by Hon'ble HFM on 29<sup>th</sup> August 2016. So far 94 facilities are integrated. It will further be scaled to all district hospitals and central government hospitals.

p. no. 44/C

2. Communication is already underway from SAATHI to RIMS for its integration with Mera Aspataal. As suggested by Director (NHM-IV), Bhopal Memorial Hospital and Research Centre (BMHRC) under Department of Health Research, MoHFW can be integrated with Mera Aspataal.

DFA - 152

3. Draft letters are put up to integrate both the hospitals with Mera Aspataal, for your kind perusal, approval and signature please.

N. V. Desai  
Dr. Nisarg Desai  
Consultant (NHM)

Director (NHM-IV)

*[Signature]*  
6/2/17

*JS(P)* Copy the letter to JS(SS) also.  
*Dir(SS)* fair letter put up for signature pl.

*[Signature]*  
6/2/17

*[Signature]*  
7/2/17

*JS(P)*  
*Dir (SS)*

*[Signature]*  
7/2/17

F.N. P-17029/33/2016, NHM-IV, Pt. II

Contd. from pre-page.

With reference to the remarks on P. no. 5/N, and discussion with Chief Media, major suggestions, as proposed by them, are as below:

- (1) Emblem and Ministry's name (in Hindi) → in center and top of the poster
- (2) Logo of NHM (in Hindi) may be placed at the bottom of every poster.
- (3) Logo of USAID is not recommended to be kept, but policy decision may be taken in this regard.

File is put up for your kind perusal & approval please.

MUSESA  
14/3/17  
(Dr. Nisarg Desai)  
Consultant - NHM

Director (NHM-IV)

A view may be taken regarding (3) above.  
(1) & (2) may be implemented in the IEC material for  
Mera Asphal.

JS/P

Ref your entry on p/p.

We may agree to the suggestions  
1, 2 & (3) made by Chief Media.

ASAM/

Is USAID logo required? Can't we  
replace it by NHM logo?

JS/P

ASAM/

Yes, that is essentially the  
recommendation of Chief Media, which has  
been endorsed by me. We will put NHM-  
in Hindi in place of USAID logo.

ASAM/

JS/P

ASAM/

21/3

20/3

24/3

ASAM/

24/3

Receipt No : 536173/2017/E-GOVERNANCE

F. No. P-17029/33/2016, NHM-IV, part-II

Subject: IEC material under "Mera Aspataal"

59/C -  
66/C

Please refer 08 posters submitted by SAATHII regarding IEC material under Mera Aspataal, broadly displaying following subjects:

- Poster 1: Mera Aspataal
- Poster 2: Contact Number registration
- Poster 3: Feedback process
- Poster 4: Mobile application
- Poster 5: Website
- Poster 6: Feedback parameter/ indicators
- Poster 7: Thematic - male
- Poster 8: Thematic - female

Necessary changes have been marked over the posters.

File is put up, as directed, for your kind perusal and approval please.

Director (NHM-IV)

N. U. Desai  
21/2/17  
Dr. Nisarg Desai  
Consultant (NHM)

IEC material on 'Mera Aspataal' is put  
up for approval.

JS(P)

As per

Sharma  
10/2/17

N  
17/2

May pl. see and put up.

Chief, Media (MV)

As per  
17/2

may pl. see observations made on the  
submitted creatives. if required, they can be  
called for a meeting.

MV  
28.2.17

808758  
16-2-17

pl. done  
21/2/17  
Dr. Nisarg

D/R (NHM-IV)

(P. T.O.)



F. No. P-17029/33/2016, NHM-IV (Part-II)

Subject: - System Administrator for "Mera Aspataal"

There is a System Administrator for Mera Aspataal, required mainly for the matter related to SMS support and its payment. Currently details of Sh. Alok Verma, Director (Stats) are registered with NIC as System Administrator while all the related matter is being dealt by Director (NHM-IV).

As per the minutes of the meeting held on 10/01/17 at the chairmanship of by AS & MD, it was agreed that implementation & expansion of Mera Aspataal application may be handled by e-Gov division.

As directed by Director (NHM-IV), file is put up to take the decision to register the account as System Administrator with NIC in the name of Director (eGov) or any other official from eGov division.

N. V. Desai  
(Dr. Nisarg Desai)  
Consultant (NHM)

Director (NHM-IV)

Since 'Mera Aspataal' is transferred to E-governance division as per decision of AS&MD in the meeting of 10-1-17, Dir(e-gov) may be system administrator for M.A. application.

JS(P)

Sharma  
2/5/17

JS(AS)

H. sec.

3/5/17

4/5/17

As (e-gov)

Put our file & release their file to NHM

3/5/17

US(e-gov)

4/5/17

AD (e-health)

Receipt No - 545747/2017

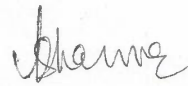
File No. 17029/33/2016-NHM-IV  
Government of India  
Ministry of Health & Family Welfare

Nirman Bhawan, New Delhi

Dated the 18<sup>th</sup> May, 2017**OFFICE MEMORANDUM**

Subject: Review Meeting of Mera Aspataal Application.

The undersigned is directed to circulate herewith minutes of meeting held under the chairmanship of Shri Manoj Jhalani, JS (P) on 18/04/2017 to review Mera Aspataal application, for information and necessary action.

  
(Sunita Sharma)

Director (NHM-IV)

To,

JS (SK), JS (SS)

✓ Director (eGov) - 545747(2)

ED(NHSRC)

Sr. Technical Director, NIC

US(NHM-IV)

President, SAATHII

Copy to:

PS to AS&amp;MD

AD/eGov  
P/L

copy me

18/5/17

**Minutes of the meeting held on 18/04/2017 at 12:15 pm under the chairmanship of Joint Secretary (Policy) in his chamber to review Mera Aspataal.**

JS (P) extended a warm welcome to all the participants which was followed by a brief presentation by SAATHII on the implementation of Mera Aspataal application across States and Central Government hospitals. SATHII apprised the MOHFW about progress in various States and issues requiring decision at the Ministry' level. After deliberation, following was decided.

1. The Aadhaar number parameter will be removed from the Mera Aspataal application integration format. The same would be communicated to the states and facilities which are already or in process of integration with the Mera Aspataal. **(Action: NHM-IV, SAATHII)**
2. The MA implementation in remaining Central Government Hospitals (CGHs) needs to be expedited. The official letter for implementing Mera Aspataal in these hospitals will be sent through eGov division. **(Action: eGov)**
3. CHC facilities in Rajasthan; SDHs and CHCs in Bihar and health facilities under the CMCHIS scheme of Tamil Nadu state is to be integrated with Mera Aspataal. Tamil Nadu state may bear the cost of SMS and OBD calls to patients under CMCHIS scheme. Tamil Nadu may create mechanism for raising bills. SAATHII and MOHFW to follow up with NICS and NIC empanelled vendor to work out the payment modalities for the services of SMS and OBD calls. An agreement may be required to be signed with Society Operating CMCHIS Scheme. Till the time the arrangements are formalized, the implementation of Mera Aspataal Application may be kept on hold in health facilities under CMCHIS Scheme of TN. **(Action: NHM-IV, SAATHII)**
4. A web based questionnaire/tool will be developed for the facilities across all states up to CHC level to enter the details of patient registration system. This will help in defining the implementation road map for Mera Aspataal across all states. Approved questionnaire is annexed. **(Action: SAATHII)**
5. Saathi to submit the cost proposal for FY 2017-18 for sending SMS and OBD calls to the patients under Mera Aspataal, to eGov division for taking further action. **(Action: SAATHII, eGov)**



6. IEC: SAATHII to expedite the development of radio jingle and submit the same to the MOHFW so that it can be shared with states. IEC material is to be shared with the states for translation, printing and placement at the facilities under Mera Aspataal.

(Action: NHM-IV, SAATHII)

7. It is suggested to send official letters through Secretary to the states and CGHs describing Mera Aspataal performance including both positive feedback as well as areas requiring improvement.

(Action: NHM-IV)

8. MoHFW may write to States to set up systems in DHs to capture basic details. The rating system has been created by Niti Ayog and Mohfw for assessment of DH on the basis of data captured by the systems. State may lose incentives on non-implementation.

9. All the hospitals have to show 3 months of patient feedback performance data through Mera Aspataal to qualify for the NQAS certification from FY 2018-19 onwards.

(Action: NHM-IV, QI-NHSRC)

10. State wise and facilities wise ranking based on patient feedback performance under the MA application would be done from 2017-18, facility in-charge should receive the reports.

(Action: SAATHII)

11. To create a dashboard in public domain for Mera Aspataal application highlighting the performance of states and facilities, the MOHFW will provide the approval for type of information to be put in this dashboard.

(Action: NHM-IV, SAATHII)

12. Ascertain the modalities of collecting information on Out of Pocket (OOP) expenditures incurred by the patients in public and empanelled private health facilities through Mera Aspataal.

(Action: SAATHII)

13. In addition to facility in-charge, the department wise feedback will also be shared with Mera Aspataal nodal officer and admin head/hospital manager. In case of CGHs, this feedback will also be shared with DD Admin. For facilities such as CHCs and SDHs, the feedback may be shared with the CMHO and District Collector.

(Action: NHM-IV, SAATHII)

14. SAATHII will submit the state and facility wise trend analysis of the collected feedback.

(Action: SAATHII)

15. In case of CSV mode of integration, it is to check whether the Mera Aspataal can accept the shared non-duplicate data for 2-3 days before any given day and make necessary arrangements within the software to address this issue. To develop the escalation system for

the facilities, if the patient demographics data is not shared with the Mera Aspataal on regular basis.

(Action: SAATHII)

16. To submit the detailed institutional structure for the Mera Aspataal at national, state, district and facility levels so that the same can be formalized.

(Action: NHM-IV, SAATHII)

17. To submit the technical resource requirements such as VMs. SSL certificate to the e-Gov department for approval and allocation.

(Action: SAATHII)

18. To check the parity of PSS score (Absolute value) and NQAS certification criterion (Percentage) so that the PSS score can be utilized as one of the criterion for certification.

(Action: SAATHII)

Annexure

**Information Required for Implementation of the Mera Aspataal Application**

1. Health facility name:
2. District:
3. Contact details of facility in-charge:
  - a. Name:
  - b. Designation:
  - c. Mobile/Landline #:
  - d. Email id:
4. Contact details of IT personnel (System engineer/programmer):
  - a. Name:
  - b. Designation:
  - c. Mobile/Landline #:
  - d. Email id:
5. Is patient registration manual or IT-based?
6. If IT based, is IT-based registration performed for all patients (OPD/IPD/Emergency)?  
In case of IPD, is discharge information also recorded using the electronic HIS?
7. How is information from the HIS software stored? Is the software web/cloud-based or it is hosted on a local server?
8. If the HIS system is hosted on a local server, will it be possible to retrieve patient demographic data such as patient ID, patient visit ID, name, age, gender, phone # etc. and share it with the Mera Aspataal program through CSV mode?
9. HIS developer details:
  - a. Company name:
  - b. Address:
  - c. Concerned official name:
  - d. Designation:
  - e. Mobile/landline #:
  - f. Email id:
10. Do you know whether any other public health facilities have the same HIS software that you are using? If so, can you give names of the facilities?

9



### List of participants

**Chairperson:** Mr. Manoj Jhalani, JS (P), MoHFW

1. Mrs. Sunita Sharma, Director (NHM-IV), MoHFW
2. Mr. S K Sinha, Sr. Tech Director (NIC), MoHFW
3. Mr. S K Pani, Under Secretary, eGov, MoHFW
4. Dr. J N Srivastava, Advisor (QI), NHSRC
5. Dr. Nisarg Desai, Consultant (NHM), MoHFW
6. Mr. Sumit Soam, Consultant, eGov, MoHFW
7. Dr. Sai Subhashree Raghavan, President, SAATHII
8. Dr. Varun Goyal, PPP specialist, SAATHII

610308(12019)

File No. 7(149)/2015-NHM-1  
Government of India  
Ministry of Health & Family Welfare  
(NHM-1 Section)

Nirman Bhawan, New Delhi  
Dated the 25<sup>th</sup> July, 2017

**OFFICE MEMORANDUM**

**Subject: Minutes of Meeting held under the Chairmanship of Shri Manoj Jhalani, Additional Secretary on 24<sup>th</sup> July, 2017 at MoHFW, Nirman Bhawan – reg.**

The undersigned is directed to circulate a copy of Minutes of Meeting held under the Chairmanship of Shri Manoj Jhalani, Additional Secretary on 24<sup>th</sup> July, 2017 on the subject mentioned above for information and necessary action.

This issues with the approval of AS(MJ).

Encl: as above:

  
(Aruna Bahl Sen)

Under Secretary to the Govt. of India (NHM-I)  
Tel: 011-2306 3426

JS(RCH)/ JS(IEC)/ JS(NR)/ JS(LA)/ DDG (Stats)  
DC(MH)/ DC(CH)/ DC(Immu)/ DC(AH)/ DC(FP-I)/ DC(FP-III)  
Dir(LY)/Dir(PP)/Dir(AKV)/Dir(KC)/ Dir(SS)/ Dir(MV)/ Dir(BD)  
US (NHM-F)

Dr Rajani Ved, Executive Director, NHSRC

Dr. Himanshu Bhushan, Adviser, NHSRC

Dr. J.N. Srivastav, Adviser, NHSRC

Dr. Dilip Singh, Adviser, NHSRC

Dr. Satish Kumar, Adviser, NHSRC

Dr. Shashi Bhushan Sinha, Adviser, NHSRC

Dr. Uddipan. Datta, PAO, NHSRC

Ms. Mona, TSA

Dir (e.H)  
desu  
27/7

US/PMH

Copy to:

1. PPS to Secy(HFW)
2. PPS to AS&MD
3. PPS to AS(MJ)

**Minutes of Meeting held on 24 July, 2017 at MoHFW, Nirman Bhawan**

Shri Manoj Jhalani, Additional Secretary, chaired a meeting on March 24<sup>th</sup> July, 2017 at 5.45 .00 PM in Room No 249A Nirman Bhawan New Delhi to discuss key priorities. The list of participants is at *Annexure*

AS (MJ) initiated the discussions by informing all the participants that he is flagging certain priority areas in respect of which he desired concerned officials to come up with **Activities and timelines by 31<sup>st</sup> July, 2017** which will be monitored by him on a monthly basis thereafter.

The action points along with the designated nodal persons are as below:

S. No	Areas of work	Action	Nodal persons
1.	Labour Room protocol	<ul style="list-style-type: none"> <li>Work out an Action Plan for Labour room improvement beginning with mechanism for assessment for protocols to be followed and compliance to protocol</li> <li>Include medical college Labour room</li> </ul>	JS(RCH)/DC(MH)
2.	IEC	<ul style="list-style-type: none"> <li>IEC plan that conveys to patients and providers as to what kind of services are expected to be delivered</li> <li>IEC message for stimulation of mind under 30 months</li> <li>IEC on HR - Advertisement</li> </ul>	JS(IEC)/Dir(MV)
3.	ECD	<ul style="list-style-type: none"> <li>Booklet for parent</li> <li>Specific programme for ECD including training programme</li> </ul>	Dr Kheda/Dr Arun Singh
4.	Organization of Healthcare services	<ul style="list-style-type: none"> <li>Operational protocol for organizing health care services in terms of referral and follow up for package of 12 services</li> </ul>	Dr Rajani Ved, ED. NHSRC
5.	NCD Screening	<ul style="list-style-type: none"> <li>Given the complexity and its long-term nature, need to develop an IT platform aligned with national guidelines</li> <li>May study existing robust systems such as in AP, HP and TN</li> <li>Presentation from the concerned states may be organized</li> </ul>	JS(NR)/JS(LA)  Dr Rajani Ved, ED. NHSRC
6.	Mera Aspataal expansion	<ul style="list-style-type: none"> <li>Ensure all DH are covered by Mera Aspataal</li> </ul>	JS(LA)
7.	NHM PIP Software	<ul style="list-style-type: none"> <li>Definite timeline for roll out</li> </ul>	Dir (LY)/Mona



8.	NHM Cabinet Note on Progress of NHM	<ul style="list-style-type: none"> <li>Performance need to be worked out from 1990 to 2010 and from 2010 to 2015</li> <li>Put up by 25 July, 2017</li> </ul>	DDG (Stats)/Dir(KC)
9.	Free Drugs and Free Diagnostics	<ul style="list-style-type: none"> <li>Lack of active engagement with States - Need dedicated HR for follow up</li> <li>DVDMS:               <ul style="list-style-type: none"> <li>(i) Centralized DVDMS for UTs</li> <li>(ii) Linking to national portal</li> </ul> </li> </ul>	Dr Rajani Ved, ED . NHSRC Dir(AKV)
10.	RCH Portal	<ul style="list-style-type: none"> <li>Timelines</li> </ul>	Dir(AKV)
11.	Fairfax	<ul style="list-style-type: none"> <li>Request of States for extra machines to be taken up with Fairfax</li> </ul>	Dir(LY)
12.	104 Call Centre	<ul style="list-style-type: none"> <li>Need to build in partially outsourced model to enable integration of existing systems available with States</li> </ul>	Dr Rajani Ved, ED . NHSRC /Adviser (HB)
13.	Expensive lab equipment – CT scan, MRI, etc	<ul style="list-style-type: none"> <li>Study and prepare model for renting out option</li> </ul>	Dr Rajani Ved, ED . NHSRC Adviser(SK Sinha)
14.	Couriering/mailing of medicines for chronic conditions	<ul style="list-style-type: none"> <li>Study feasibility</li> </ul>	Dr Rajani Ved, ED . NHSRC
15.	Follow up on best practices		Dir(KC)/ Adviser (Dr Satish)
16.	HTA + MTAB	<ul style="list-style-type: none"> <li>Work with ICMR</li> </ul>	Dr Rajani Ved, ED . NHSRC Adviser (SK Sinha)
17.	Report of Expert Committee on Tribal Health	<ul style="list-style-type: none"> <li>Follow up for finalisation</li> </ul>	Dr Rajani Ved, ED . NHSRC Adviser (SK Sinha)
18.	Bridge Course	<ul style="list-style-type: none"> <li>Follow up with States and all Directors to ensure that proposal for bridge course is linked to HWC proposal</li> <li>Checklist to be prepared</li> </ul>	Dir(PP)/Dir(SS)/Dir(KC)/Dir(LY)  Dr Rajani Ved, ED . NHSRC/DR Dilip, Adviser(HR)
19.	Supportive Supervision software	<ul style="list-style-type: none"> <li>Current status and timeline</li> </ul>	Dr Rajani Ved, ED . NHSRC Adviser (HB)
20.	EPC	<ul style="list-style-type: none"> <li>Put up file for date from Secretary after a week for receipt of EPC proposals</li> </ul>	Dir(KC)

21	Share RoP status update with all programme Divisions	<ul style="list-style-type: none"> <li>By 25 July,2017</li> </ul>	Dir(LY)
22	RoP status	<ul style="list-style-type: none"> <li>All RoPs except Sikkim, Uttarakhand Delhi to be issued by 31<sup>st</sup> July,2017</li> </ul>	Dir(PP)/Dir(KC)/Dir(LY)/Dir(SS)
23	Outstanding payments pointed out by Programme Divisions (IDSP) during NPCC meetings	<ul style="list-style-type: none"> <li>Follow up</li> </ul>	Dir(PP)/Dir(KC)/Dir(LY)/Dir(SS)
24	ASHA incentive for NCD screening	<ul style="list-style-type: none"> <li>Follow up with States</li> </ul>	Dr Rajani Ved, ED NHSRC/Dir(LY)
25	HR	<ul style="list-style-type: none"> <li>Contract Design</li> <li>Accountability framework</li> <li>Appointment letter</li> </ul>	Dir(KC)/Mona
26	NKP	<ul style="list-style-type: none"> <li>Status update</li> <li>Letter to State</li> </ul>	Rajani ved, ED NHSRC /Dir(LY)
27	DH ranking		Dir(AKV)
28	DH Grading		DDG (Stats)
29	Independent National Monitoring Scheme	<ul style="list-style-type: none"> <li>Status update</li> </ul>	Dir(KC)
30	MCTFC	<ul style="list-style-type: none"> <li>Call for NE States</li> </ul>	Dr Dilip/Dir(LY)
31	Harmonization of DPs		JS(RCH)
32	Parivar Manav Vikas + HPDs		JS(RCH)

## Annexure

List of participants

1. Ms Vandana Gurnani , JS(RCH)
2. Sh Lav Agarwal, JS (eGov/IDSP)
3. Sh Navdeep Renwa, JS(NCD)
4. Sh Janardan Yadav, DDG(Stats)
5. Dr Ajay Kheda, DC (CH)
6. Dr Dinesh Baswal , DC (MH)
7. Dr Sushma Dureja, DC(AH)
8. Dr Sikdar, DC (FP)
9. Dr Sheela Deb, AC (CH)
10. Dr Teja Ram, AC (FP)
11. Ms Preeti Pant, Director, (NUHM)
12. Capt. Kapil Choudhary, Director, NHM-II
13. Ms Sunita Sharma, Director, NHM -IV
14. Sh Alok Kumar Verma, Director
15. Sh Biswajit Das, Director (Stats)
16. Ms.Limatula Yaden, Director (NHM-I)
17. Dr Rajani Ved, ED NHSRC
18. Dr JN Srivastav, Adviser, NHSRC
19. Dr Dilip, Adviser, NHSRC
20. Ms Mona, TSA
21. Ms Shanti Negi, US (NHM F)
22. Dr U. Datta, PAO, NHSRC





Alok Kumar  
Adviser (Health)  
Tel. 23096613

भारत सरकार  
नीति आयोग, संसद मार्ग  
नई दिल्ली-110 001  
Government of India  
NATIONAL INSTITUTION FOR TRANSFORMING INDIA  
NITI Aayog, Parliament Street  
New Delhi-110 001

D.O. No. 16(3)/2015-H&FW(Part.2)

24<sup>th</sup> July, 2017

Dear Sir,

Please refer the CEO's DO letter of even No. dated 19<sup>th</sup> April, 2017 enclosing the framework – **"The Health of our Hospitals"** for District Hospitals Ranking.

NITI Aayog suggest revising the indicator for obtaining the patient feedback – **'Mera Aspataal'** (No.16) as per the questionnaire enclosed. It is requested that these changes may be incorporated for the exercise for this year onwards.

Warm regards.

Yours sincerely

(Alok Kumar)

A.S. & M.D. (NH&FW) Office

FTS No. 616024

Date: 1-8-17

Shri Manoj Jhalani,  
Additional Secretary  
Ministry of Health & Family Welfare,  
Nirman Bhavan,  
New Delhi.

✓ JS (P)

X  
28/7

We may inform that there is adequate global experience to suggest that on IVRS, simple & short questionnaire are effective:

However, ~~your~~ the suggestion has been noted and will be considered when we undertake evaluation of Mera Aspataal.

G 1-8-17

✓ JS (egw)  
CC: 2/11 (SS)

2/11  
3/8

2/11 (C-11)



एक कदम स्वच्छता की ओर

X  
28/7

JS (ehealth)

28/7/2017  
AD (ehealth)

28/7/17

**Mera Aspataal Questionnaire (Currently Used)**

1. How satisfied are you with your hospital experience?
  - Very satisfied
  - Satisfied
  - Not satisfied
2. Please choose one or more reasons for your dissatisfaction
  - Staff behaviour
  - Cleanliness of the hospital
  - Cost of treatment
  - Quality of treatment
  - Other reasons
3. Which of the following staff's behaviour was not satisfactory? You can choose one or more responses.
  - Doctor behaviour
  - Other staff
  - Ward assistant
  - Nurse
  - Laboratory or x-ray technician
  - Pharmacist
4. Which of the following were not clean at the hospital? You can choose one or more responses.
  - Cleanliness of toilet
  - Cleanliness of patient registration and waiting area
  - Cleanliness of patient wards
  - Cleanliness of general surrounding of the hospital
  - Cleanliness of bed sheets
  - Cleanliness of examination room and examination table
  - Cleanliness of hospital corridors
5. Which of the following costs was not satisfactory? You can choose one or more responses.
  - Cost of medicines and supplies
  - Cost of investigations
  - Informal payment to the staff
6. Which of the following made the quality of treatment not satisfactory? You can choose one or more responses.
  - Doctor didn't listen to their problems carefully
  - No relief in symptoms
  - Worsening of health condition after treatment
  - Inadequately skilled nursing staff
  - Poor quality of food served during the hospital stay
7. Which of the following other reasons made your hospital experience not satisfactory? You can choose one or more responses.
  - Long waiting time
  - Any other reason
  - Overcrowding
  - Inadequate information on available services and the location
  - Lack of amenities for patients (stretcher, wheelchair, drinking water etc.)
  - Lack of support services for accompanying family members and caretakers



**Suggested Mera Aspataal Questionnaire For In-Patient Care**

The Mera Aspataal questionnaire could be modified in line with the In-Patient Assessment of Health Care (I-PAHC) Survey which has been tested in developing countries including India<sup>1</sup> and Ethiopia<sup>2</sup>. It has demonstrated that it is a valid and reliable instrument and has scored 'good' and 'excellent' in all dimensions of instrument utility<sup>3</sup>.

1. On a scale of 1-10 (1 being the worst hospital, 10 being the best hospital), how would you rate this hospital?

1	2	3	4	5	6	7	8	9	10
Worst Hospital					Best Hospital				

2. Would you recommend this hospital to your friends and family?

Yes No

3. Please choose one or more reasons for your dissatisfaction (this question should only be asked to patients who rank the hospital between 1-7 on Question 1)

- Staff behaviour (If chosen, ask questions 4 and 5)
- Cleanliness of the hospital (If chosen, ask question 6)
- Cost of treatment (If chosen, ask question 7)
- Quality of treatment (If chosen, ask question 8)
- Pain management (If chosen, ask questions 9, 10 and 11)
- Lack of information about treatment and medication (If chosen, ask questions 12, 13 and 14)
- Other reasons (If chosen, ask question 15)

4. Which of the following staff's behaviour was not satisfactory? You can choose one or more responses.

- Doctor behaviour
- Other staff
- Ward assistant
- Nurse
- Laboratory or x-ray technician
- Pharmacist

5. Which of the following made you dissatisfied with the staff's behaviour? You can choose one or more responses.

- Did not treat you with courtesy and respect
- Did not listen carefully to you
- Did not explain things in a way that you could understand

6. Which of the following were not clean in the hospital? You can choose one or more responses.

- Your ward/room
- Bed sheets
- Toilet
- Patient registration and waiting area
- General surrounding of the hospital
- Hospital corridors

<sup>1</sup> <https://academic.oup.com/intqhc/article-lookup/doi/10.1093/intqhc/mzl049>

<sup>2</sup> <https://academic.oup.com/intqhc/article-lookup/doi/10.1093/intqhc/mzr019>

<sup>3</sup> <https://systematicreviewsjournal.biomedcentral.com/articles/10.1186/s13643-015-0089-0>



7. Which of the following costs were not satisfactory? You can choose one or more responses.
- Cost of medicines and supplies
  - Cost of investigations
  - Informal payment to the staff
8. Which of the following made the quality of treatment not satisfactory? You can choose one or more responses.
- Doctor did not listen to your problems carefully
  - No relief in symptoms
  - Worsening of health condition after treatment
  - Inadequately skilled nursing staff
  - Poor quality of food served during the hospital stay
9. During this hospital stay, did you experience pain?
- Yes No
10. During this hospital stay, was your pain well controlled?
- Yes No
11. During this hospital stay, did the staff do everything they could to help you with your pain?
- Yes No
12. Before giving you any medication or treatment, did the staff tell you what the medication or treatment was for?
- Yes No
13. Before giving you any medication or treatment, did the staff describe possible side effects in a way that you could understand?
- Yes No
14. Were you given information in a way that you could understand what symptoms or health problems to look out for after you leave the hospital?
- Yes No
15. Which of the following other reasons made your hospital experience not satisfactory? You can choose one or more responses.
- Long waiting time
  - Was not easy to find your way around the hospital
  - Overcrowding
  - Inadequate information on available services and their location
  - Lack of amenities for patients (stretcher, wheelchair, drinking water etc.)
  - Lack of support services for accompanying family members and caretakers
  - Any other reason

**Suggested Mera Aspataal Questionnaire For Out-Patient Care**

The Mera Aspataal questionnaire could be modified in line with the Out-Patient Assessment of Health Care (O-PAHC) Survey which has been tested in developing countries including India<sup>4</sup> and Ethiopia<sup>5</sup>. It has demonstrated that it is a valid and reliable instrument and has scored 'good' and 'excellent' in all dimensions of instrument utility<sup>6</sup>.

1. On a scale of 1-10 (1 being the worst hospital, 10 being the best hospital), how would you rate this hospital?

1	2	3	4	5	6	7	8	9	10
Worst Hospital					Best Hospital				

2. Would you recommend this hospital to your friends and family?

Yes No

3. Please choose one or more reasons for your dissatisfaction (this question should only be asked to patients who rank the hospital between 1-7 on Question 1)

- Staff behaviour (If chosen, ask questions 4 and 5)
- Cleanliness of the hospital (If chosen, ask question 6)
- Cost of treatment (If chosen, ask question 7)
- Quality of treatment (If chosen, ask question 8)
- Lack of information about treatment and medication (If chosen, ask questions 9, 10 and 11)
- Other reasons (If chosen, ask question 12)

4. Which of the following staff's behaviour was not satisfactory? You can choose one or more responses.

- Doctor behaviour
- Other staff
- Ward assistant
- Nurse
- Laboratory or x-ray technician
- Pharmacist

5. Which of the following made you dissatisfied with the staff's behaviour? You can choose one or more responses.

- Did not treat you with courtesy and respect
- Did not listen carefully to you
- Did not explain things in a way that you could understand
- Did not give you enough time to discuss your medical problem

6. Which of the following were not clean in the hospital? You can choose one or more responses.

- Outpatient department
- Toilet
- Patient registration and waiting area
- General surrounding of the hospital
- Hospital corridors

7. Which of the following costs were not satisfactory? You can choose one or more responses.

<sup>4</sup> <https://academic.oup.com/intqhc/article-lookup/doi/10.1093/intqhc/mzl049>

<sup>5</sup> <https://academic.oup.com/intqhc/article-lookup/doi/10.1093/intqhc/mzr019>

<sup>6</sup> <https://systematicreviewsjournal.biomedcentral.com/articles/10.1186/s13643-015-0089-0>



- Cost of medicines and supplies
- Cost of investigations
- Informal payment to the staff

8. Which of the following made the quality of treatment not satisfactory? You can choose one or more responses.

- Doctor did not listen to your problems carefully
- No relief in symptoms
- Worsening of health condition after treatment
- Inadequately skilled nursing staff
- Poor quality of food served during the hospital stay

9. Before giving you any medication or treatment, did the staff tell you what the medication or treatment was for?

Yes No

10. Before giving you any medication or treatment, did the staff describe possible side effects in a way that you could understand?

Yes No

11. Were you given information in a way that you could understand what symptoms or health problems to look out for after you leave the hospital?

Yes No

12. Which of the following other reasons made your hospital experience not satisfactory? You can choose one or more responses.

- Long waiting time
- Was not easy to find your way around the hospital
- Overcrowding
- Inadequate information on available services and their location
- Medicines were not available at the drug dispensary
- Lack of amenities for patients (stretcher, wheelchair, drinking water etc.)
- Lack of support services for accompanying family members and caretakers
- Any other reason



From

The Director Health & Family Welfare,  
Chandigarh Administration.

To

Sh. C.K. Mishra,  
Secretary,  
G.O.I., Department of Health & Family Welfare,  
Room No. 156, A-Wing, Nirman Bhawan,  
New Delhi.

Office of Secretary (H&FW)  
No. 616367  
Date 01/08/2017

Memo No. SA-III-2017/ 16642

Dated, Chandigarh the

26/7/17

Subject: -

Mera Aspataal.

I am directed to refer to e-mail dated 7-6-2017 received from Dr. Nisarg Desai on the subject noted above and to intimate that the following officers are nominated as Nodal Officer as State level who will coordinate with Ministry of Health & Family for queries related to this integration and also Act as administrator of Mera Aspataal online dash board and reporting system :-

S.No.	Name of officers	Name of Hospitals
1.	Dr. K.S Rana, Senior Medical Officer ( Eye Dept), GMSH-16, Chandigarh Mobile No. 9815598833	Govt Multi Speciality Hospital, Secor-16, Chandigarh
2.	Dr. Krishna Chaudhary, Senior Medical Officer I/C Civil Hospital, Sector-45, Chandigarh. Mobile No. 9814657272	Civil Hospital, Sector-45, Chandigarh

25/7/17  
Director Health & Family Welfare,  
Chandigarh Administration.

No. SA-III-2017/

A copy is forwarded to the following for information and necessary action.

1. The Medical Superintendents, GMSH-16, Chandigarh.
2. The Nodal Officer Computerisation, GMSH-16, Chandigarh.
3. Dr. Krishna Chaudhary SMO I/C civil Hospital, Sector-45, Chandigarh.
4. Dr. K.S Rana, SMO ( Eye), GMSH-16, Chandigarh.

Director Health & Family Welfare,  
Chandigarh Administration.

No. SA-III-2017/

A copy is forwarded to, Dr. Nisarg Desai, Consultant- Public Health Policy & Planning, NHM Division, Min of Health & family Welfare, G.O.I, Room No. 526-C, Nirman Bhawan, New Delhi for information and necessary action.

Director Health & Family Welfare,  
Chandigarh Administration

No. SA-III-2017/

A copy is forwarded to Sh. Varun Goyal, PPP specialist, SAATHI, S-56-A, Panchsheel Park, New Delhi- 110017 for information and necessary action

Director/Health & Family Welfare,  
Chandigarh Administration

Dir (e-m)  
n/g

2/18

SCHW on low

AS&MD

US/ekwH

8

JS(P)

JS (e-m)

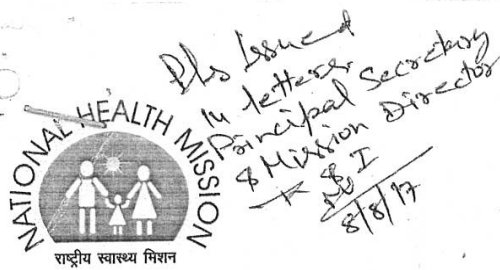
11

49

8/13

AD (e-m)

Receipt No : 642005/2017/E-GOVERNANCE

**Manoj Jhalani**

Additional Secretary & Mission Director, NHM  
 Telefax : 23063687, 23063693  
 E-mail : manoj.jhalani@nic.in



Receipt No. 624005/2017  
 D. No. 1/3096246/2017 (1) + (10)  
 भारत सरकार  
 स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
 निर्माण भवन, नई दिल्ली - 110011 (158)

GOVERNMENT OF INDIA  
 MINISTRY OF HEALTH & FAMILY WELFARE  
 NIRMAN BHAVAN, NEW DELHI - 110011  
 D.O. No.: P.17029/33/2016-NHM-IV  
 Dated the 03<sup>rd</sup> August, 2017

Dear colleague,

Ensuring patient centric care is the key goal of all health systems. To help achieve this objective, there has been a felt-need to create a robust system of recording patients' feedback and acting on it. Accordingly, an IT based feedback system 'Mera Aspataal' (My Hospital) has been launched by this Ministry currently 170 health facilities have been integrated so far.

It is observed that patients' response rate remains low and almost unchanged. Ministry has developed IEC material for Mera Aspataal which is uploaded on the Dashboard of the website. For wider publicity, it is requested to display the posters, after translating them in vernacular language, at those facilities which are already integrated with Mera Aspataal.

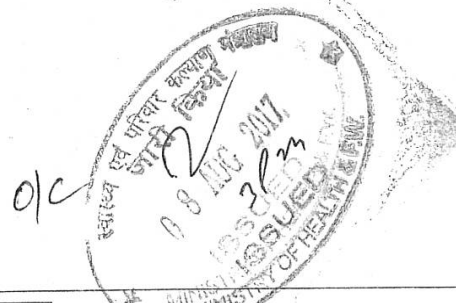
In addition to this, to identify factors contributing to attrition in the Mera Aspataal feedback cascade and to examine how patient feedback can be linked to quality improvement mechanisms, it has been decided to carry out rapid assessment study. SAATHII, implementing partner of the Ministry for Mera Aspataal, will carry out a the survey in your state as annexed. Interviews will be conducted for state and facility level officers and beneficiaries. You are requested to provide necessary support and issue necessary instructions to the concerned facilities for their cooperation in carrying out this survey.

With regards,

Yours sincerely,

(Manoj Jhalani)

Addl. Chief Secretary / Principal Secretary/ Secretary (MS, ME, HFW), Rajasthan, Bihar, Tamil Nadu, Delhi, Gujarat, Haryana, Madhya Pradesh



Receipt No : 642005/2017/E-GOVERNANCE

187

Copy to:  
Mission Director (NHM), Rajasthan, Bihar, Tamil Nadu, Delhi, Gujarat, Haryana, Madhya  
Pradesh



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## Name of facilities chosen within each state and facility type:

Facility Type	States						
	Haryana	Rajasthan	Gujarat	Madhya Pradesh	Bihar	Tamil Nadu	Delhi
District Hospital	District Hospital Panchkula, District Hospital Kurukshetra	RBM Hospital Bharatpur District Hospital Banswara	District Hospital Rajkot District Hospital Amreli	-	District Hospital Katihar District Hospital West Champaran	District Hospital Erode District Hospital Didigul	-
Central Government Hospital	-	-	-	AIIMS Bhopal	AIIMS Patna	-	Safdarjung Hospital
Medical College	-	Zenana Hospital Jaipur J. K. Lon Hospital Kota	-	-	-	-	-
Others	-	-	-	Master Lal Singh Asptaal	-	-	Palika Health Complex, Delhi



**Manoj Jhalani**

Additional Secretary & Mission Director, NHM  
Telefax : 23063687, 23063693  
E-mail : manoj.jhalani@nic.in



D. No - I/3096249/2017(9)  
भारत सरकार *Spent post*

स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
निर्माण भवन, नई दिल्ली - 110011

GOVERNMENT OF INDIA  
MINISTRY OF HEALTH & FAMILY WELFARE  
NIRMAN BHAVAN, NEW DELHI - 110011  
D.O. No.: P.17029/33/2016-NHM-IV  
Dated the 03<sup>rd</sup> August, 2017

*Dear Dr. Singh,*

Ensuring patient centric care is the key goal of all health systems. To help achieve this objective, there has been a felt-need to create a robust system of recording patients' feedback and acting on it. Accordingly, an IT based feedback system 'Mera Aspataal' (My Hospital) has been launched by this Ministry and 170 health facilities have been integrated so far.

It is observed that patients' response rate remains low and almost unchanged. Ministry has developed IEC material for Mera Aspataal which is uploaded on the Dashboard of the website. For wider publicity, it is requested to display the posters, after converting them to vernacular language.

In addition to this, to identify factors contributing to attrition in the Mera Aspataal feedback cascade and to examine how patient feedback can be linked to quality improvement mechanisms, it is decided to carry out rapid assessment study. SAATHII, implementing partner to Ministry for Mera Aspataal, will carry out the survey in your hospital. Interviews will be conducted for facility level officers and beneficiaries. You are requested to provide necessary cooperation in carrying out this survey.

*With regards,*

Yours sincerely,

*MJ*

(Manoj Jhalani)

**Dr Prabhat Kumar Singh**  
Director  
All India Institute of Medical Sciences (Patna)  
Phulwari Sharif, Patna, Bihar - 801507

*O/C*



OFFICE OF THE MISSION DIRECTOR  
NATIONAL HEALTH MISSION  
GOVERNMENT OF TRIPURA

No.F.3 (5-3225)-FWPM/SHFWS/2017

Dated 12<sup>th</sup> June 2017

To

Ms. Sunita Sharma  
Director (NHM-IV)  
Ministry of Health & Family Welfare  
Government of India  
Nirman Bhavan  
New Delhi-110011  
E-mail: sharma.sunita@nic.in

Subject: Sharing demographic details of OPD &amp; IPD patient with 'Mera Aspataal'.

Madam,

I am to refer DO letter vide No.P.17029/33/2016-NRHM-IV, Part-I dated 16<sup>th</sup> January 2017 regarding roll-out of Patient Feed-back System- 'Mera Aspataal' at Health Facilities and to inform you that the State is in the process of implementing centralised Hospital Management System (HMS) covering Medical College & Hospital and all District Hospitals.

2. In this regard, clarification is solicited prior to authorizing HMS developer (NIC, Tripura State Centre) as to whether there are any privacy issues or consent of patients' are required to arrange sharing of demographic details of IPD/OPDS patients' information on daily basis with the application.
3. An early response on the above issues may be made by return e-mail: shfws\_tripura@yahoo.co.in.

Yours faithfully

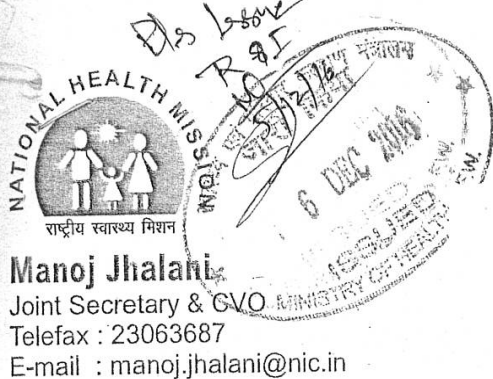
(Dr. Shailish K. Yadav)  
Mission Director, NHM  
Govt. of Tripura

## Copy to:-

1. PS to the Principal Secretary, Health & Family Welfare, Govt. of Tripura, Agartala for kind information of Principal Secretary.
2. The Director of Health Services, Govt. of Tripura, Agartala for information.
3. The Director of Family Welfare & P.M, Govt. of Tripura, Agartala for information.
4. The State Nodal Officer, e-Hospital<sup>en</sup>NIC, Health & Family Welfare Department, Govt. of Tripura, Agartala for information.

(Dr. Shailish K. Yadav)  
Mission Director, NHM  
Govt. of Tripura





भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
निर्माण भवन, नई दिल्ली - 110011  
Government of India  
Ministry of Health & Family Welfare  
Nirman Bhavan, New Delhi - 110011

D.O. No. P-17029/33/2016-NRHM-IV

Dated 5<sup>th</sup> December, 2016

Dear Dr. Naganhan,

Ensuring patient centric care is the key goal of all health systems. To help achieve this objective, there has been a felt-need to create a robust system of recording patients' feedback and acting on it.

2. Accordingly, an IT based feedback system 'Mera Aspataal' (My Hospital) has been launched by the Hon'ble HFM, Government of India on 29<sup>th</sup> August 2016. It allows multi-channel approach to collect information on patients' level of satisfaction i.e. Short Message Service (SMS), Outbound Dialling (OBD), web portal and mobile application. The application automatically contacts the patient (outpatient after the closure of outpatient department and the inpatient at the time of discharge) to collect information on patient's level of satisfaction.

3. The application provides almost real time analysis of data and meaningful insights to analyse the performance at different levels i.e. from facilities to national level. This helps the Government and the participating Institution to develop action plans based on the feedback which leading to improved patient experience and quality of care.

4. Initially, some hospitals, where a centralised Hospital Management System (HMS) is already functional, are being considered for inclusion into this initiative. It is understood that AIIMS, Raipur has a functional HMS. Hence, your centre has been selected for implementation of 'Mera Aspataal' Initiative. You are requested to share the following patient information on a daily basis as per the JSON file attached as Annexure I:

- i. Patient ID
- ii. NIN ID Mapped
- iii. Visit ID
- iv. Patient Name
- v. Gender
- vi. Age
- vii. Mobile/Landline Number
- viii. Aadhaar number
- ix. Visit Date
- x. Visit Time
- xi. Department Name
- xii. Outpatient / inpatient

5. AIIMS, Raipur is expected to share the above patient related data using web services that will be integrated with the Mera Aspataal application. In case the web service is not available, the patient data should be made available through Comma Separated Values (CSV) format uploaded to a File Transfer Protocol (FTP) at a scheduled time. The CSV Format is attached as Annexure II.

6. Capturing mobile / landline number, along with Aadhaar number (if available), of all the patients visiting the facilities is a critical requirement of the Mera Aspataal application. The application then

contacts the patient to capture his / her feedback on his / her experience about the services received at the facility. So, it is important to capture valid mobile / landline number, along with Aadhaar number (if available), of the patients at the time of registration.

7. I request you to kindly instruct the concerned officers to arrange sharing of the above information on daily basis with the Mera Aspataal application through the above-mentioned formats and authorize your HMS developer to share above patient related information on daily basis with Mera Aspataal application that has been developed at the behest of Government of India through the standardized format as mentioned in Annexure I or II.

8. The MoHFW is in the process of generating National Identification Number (NIN) for government health facilities across India. The NIN is a 10-digit unique number for a particular facility related to name and type of facility, address, contact information, geocodes, regional indicator, operational status and ownership authority. I request you to provide information about the components for which NIN related information is already being captured in your hospital information system software. A JSON file for hospital specific information based on NIN is attached as Annexure III for your reference.

9. I further request you to kindly nominate one Chief Information Officer (CIO) for your hospital who will coordinate with MoHFW / NHSRC for all queries related to this integration. For any clarifications, you may contact Ms. Sunita Sharma, Director, NHM-IV (at [sharma.sunita@nic.in](mailto:sharma.sunita@nic.in) or Tel: 011-23061975), Dr J N Srivastava, Advisor (QI), NHSRC (at [jn.nhsrcc@gmail.com](mailto:jn.nhsrcc@gmail.com) or Tel: 011-26108982 - 93) or Dr Varun Goyal, PPP Specialist, SAATHII (at [varun@saathii.org](mailto:varun@saathii.org) or Tel: 09650800348).

*With regards,*

Yours sincerely,



(Manoj Jhalani)

To,  
Dr Nitin M. Nagarkar  
Director,  
All India Institute of Medical Sciences (AIIMS),  
Tatibandh, G E Road, Raipur  
Chhattisgarh - 492 099

Copy to:  
Shri Sunil Sharma,  
Joint Secretary (PMSSY), for information and necessary action please

*012 5/12/16*

Receipt No : 642005/2017/E-GOVERNANCE

Receipt No - 545747/2017  
D. No - I/3079235

File No. 17029/33/2016-NHM-IV

Government of India

Ministry of Health &amp; Family Welfare

Nirman Bhawan, New Delhi

Dated the 18<sup>th</sup> May, 2017

## OFFICE MEMORANDUM

Subject: Review Meeting of Mera Aspataal Application.

The undersigned is directed to circulate herewith minutes of meeting held under the chairmanship of Shri Manej Jhalani, JS (P) on 18/04/2017 to review Mera Aspataal application, for information and necessary action.

*Sunita Sharma*  
(Sunita Sharma)

Director (NHM-IV)

To,

*7/19/17*  
545747 JS (SK), JS (SS) - 545747(1)

Director (eGov) - 545747(2)

ED(NHSRC) - D. NO - I/3079235(1)/2017  
*19/5/17*

*19/5/17*  
Technical Director, NJC - 545747(3)

US(NHM-IV) - 545747(4) - By Hand

President, SAATHI - Receipt - 545796/2017

Copy to:

*19/5/17*  
PS to AS&MD - 545747(5)

O/C



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**Minutes of the meeting held on 18/04/2017 at 12:15 pm under the chairmanship of Joint Secretary (Policy) in his chamber to review Mera Aspataal.**

JS (P) extended a warm welcome to all the participants which was followed by a brief presentation by SAATHII on the implementation of Mera Aspataal application across States and Central Government hospitals. SATHII apprised the MOHFW about progress in various States and issues requiring decision at the Ministry level. After deliberation, following was decided.

1. The Aadhaar number parameter will be removed from the Mera Aspataal application integration format. The same would be communicated to the states and facilities which are already or in process of integration with the Mera Aspataal. **(Action: NHM-IV, SAATHII)**
2. The MA implementation in remaining Central Government Hospitals (CGHs) needs to be expedited. The official letter for implementing Mera Aspataal in these hospitals will be sent through eGov division. **(Action: eGov)**
3. CHC facilities in Rajasthan; SDHs and CHCs in Bihar and health facilities under the CMCHIS scheme of Tamil Nadu state is to be integrated with Mera Aspataal. Tamil Nadu state may bear the cost of SMS and OBD calls to patients under CMCHIS scheme. Tamil Nadu may create mechanism for raising bills. SAATHII and MOHFW to follow up with NICS and NIC empanelled vendor to work out the payment modalities for the services of SMS and OBD calls. An agreement may be required to be signed with Society Operating CMCHIS Scheme. Till the time the arrangements are formalized, the implementation of Mera Aspataal Application may be kept on hold in health facilities under CMCHIS Scheme of TN. **(Action: NHM-IV, SAATHII)**
4. A web based questionnaire/tool will be developed for the facilities across all states up to CHC level to enter the details of patient registration system. This will help in defining the implementation road map for Mera Aspataal across all states. Approved questionnaire is annexed. **(Action: SAATHII)**
5. Saathi to submit the cost proposal for FY 2017-18 for sending SMS and OBD calls to the patients under Mera Aspataal, to eGov division for taking further action. **(Action: SAATHII, eGov)**

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6. IEC: SAATHII to expedite the development of radio jingle and submit the same to the MOHFW so that it can be shared with states. IEC material is to be shared with the states for translation, printing and placement at the facilities under Mera Aspataal.

(Action: NHM-IV, SAATHII)

7. It is suggested to send official letters through Secretary to the states and CGHs describing Mera Aspataal performance including both positive feedback as well as areas requiring improvement.

(Action: NHM-IV)

8. MoHFW may write to States to set up systems in DHs to capture basic details. The rating system has been created by Niti Ayog and Mohfw for assessment of DH on the basis of data captured by the systems. State may lose incentives on non-implementation.

9. All the hospitals have to show 3 months of patient feedback performance data through Mera Aspataal to qualify for the NQAS certification from FY 2018-19 onwards.

(Action: NHM-IV, QI-NHSRC)

10. State wise and facilities wise ranking based on patient feedback performance under the MA application would be done from 2017-18, facility in-charge should receive the reports.

(Action: SAATHII)

11. To create a dashboard in public domain for Mera Aspataal application highlighting the performance of states and facilities, the MOHFW will provide the approval for type of information to be put in this dashboard.

(Action: NHM-IV, SAATHII)

12. Ascertain the modalities of collecting information on Out of Pocket (OOP) expenditures incurred by the patients in public and empanelled private health facilities through Mera Aspataal.

(Action: SAATHII)

13. In addition to facility in-charge, the department wise feedback will also be shared with Mera Aspataal nodal officer and admin head/hospital manager. In case of CGHs, this feedback will also be shared with DD Admin. For facilities such as CHCs and SDHs, the feedback may be shared with the CMHO and District Collector.

(Action: NHM-IV, SAATHII)

14. SAATHII will submit the state and facility wise trend analysis of the collected feedback.

(Action: SAATHII)

15. In case of CSV mode of integration, it is to check whether the Mera Aspataal can accept the shared non-duplicate data for 2-3 days before any given day and make necessary arrangements within the software to address this issue. To develop the escalation system for

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the facilities, if the patient demographics data is not shared with the Mera Aspataal on regular basis.

(Action: SAATHII)

16. To submit the detailed institutional structure for the Mera Aspataal at national, state, district and facility levels so that the same can be formalized.

(Action: NHM-IV, SAATHII)

17. To submit the technical resource requirements such as VMs, SSL certificate to the e-Gov department for approval and allocation.

(Action: SAATHII)

18. To check the parity of PSS score (Absolute value) and NQAS certification criterion (Percentage) so that the PSS score can be utilized as one of the criterion for certification.

(Action: SAATHII)



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AnnexureInformation Required for Implementation of the Mera Aspataal Application

1. Health facility name:
2. District:
3. Contact details of facility in-charge:
  - a. Name:
  - b. Designation:
  - c. Mobile/Landline #:
  - d. Email id:
4. Contact details of IT personnel (System engineer/programmer):
  - a. Name:
  - b. Designation:
  - c. Mobile/Landline #:
  - d. Email id:
5. Is patient registration manual or IT-based?
6. If IT based, is IT-based registration performed for all patients (OPD/IPD/Emergency)?  
In case of IPD, is discharge information also recorded using the electronic HIS?
7. How is information from the HIS software stored? Is the software web/cloud-based or it is hosted on a local server?
8. If the HIS system is hosted on a local server, will it be possible to retrieve patient demographic data such as patient ID, patient visit ID, name, age, gender, phone # etc. and share it with the Mera Aspataal program through CSV mode?
9. HIS developer details:
  - a. Company name:
  - b. Address:
  - c. Concerned official name:
  - d. Designation:
  - e. Mobile/landline #:
  - f. Email id:
10. Do you know whether any other public health facilities have the same HIS software that you are using? If so, can you give names of the facilities?



### List of participants

**Chairperson:** Mr. Manoj Jhalani, JS (P), MoHFW

1. Mrs. Sunita Sharma, Director (NHM-IV), MoHFW
2. Mr. S K Sinha, Sr. Tech Director (NIC), MoHFW
3. Mr. S K Pani, Under Secretary, eGov, MoHFW
4. Dr. J N Srivastava, Advisor (QI), NHSRC
5. Dr. Nisarg Desai, Consultant (NHM), MoHFW
6. Mr. Sumit Soam, Consultant, eGov, MoHFW
7. Dr. Sai Subhashree Raghavan, President, SAATHII
8. Dr. Varun Goyal, PPP specialist, SAATHII

## Mera Aspataal Server Requirement for scale up

### Currently Available:

Currently there are only 2 servers provided (1 DB server and 1 web server).

Web Server configuration - 1 nos

- Storage - 60 GB
- RAM - 16 GB

DB Server configuration - 1 nos

- Storage - 60 GB
- RAM - 16 GB

### Additional Requirement:

1. DB server - 200 GB storage - 1 nos

2. Web servers - 60 GB storage - 2 nos

Server Configuration:

- VM with 4vCPU, 16GB RAM.
- CentOS (Linux) with PHP and MySQL Stack

3. Staging Server Instance - 1 nos

Server configuration:

- Storage - 30 GB
- VM with 4vCPU, 8GB RAM

4. Provision for Backup storage

- Storage - 500 GB

— NR



राष्ट्रीय स्वास्थ्य एवं परिवार कल्याण संस्थान  
(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन एक स्वायत्तशासी संस्थान)



The National Institute of Health and Family Welfare  
(An Autonomous Institute under Ministry of Health & Family Welfare, Government of India)

बाबा गंगनाथ मार्ग, मुनीरका, नई दिल्ली-110 067

दूरभाष (कार्यालय): 91-11-26165959, 26166441, 26188485, 26107773

फैक्स: 91-11-26101623, ई.मेल: info@nihfw.org

वेब साईट: www.nihfw.org

Baba Gangnath Marg, Munirka, New Delhi-110 067

Phones: 91-11-26165959, 26166441, 26188485, 26107773

Fax: 91-11-26101623, E.Mail: info@nihfw.org

Web Site: www.nihfw.org

F.No. NIHFW/CHI/Mobile-App/mHealth/2016

Dated: 02.02.2018

To

Director (eHealth),  
Ministry of Health and Family Welfare,  
Nirman Bhavan, New Delhi.

**Subject –Transfer of Mera Aspataal Application to Centre for Health Informatics (CHI) for its implementation and expansion- Reg.**

Dear Sir,

Ministry of Health & Family Welfare, in partnership with USAID, has been running Mera Aspataal initiative for utilizing mobile technology for capturing patient feedback with an objective to provide patient-centric care and to improve quality of services. The initiative has been running successfully since October 2016.

2. In the earlier meeting held on 10.1.2017 under the chairmanship of AS&MD it was decided to handover the Mera Aspataal Application to CHI/ e-Governance Division for its implementation and further expansion.

3. Further, during another meeting held on 20.12.2018 under the chairmanship of AS&MD, it was decided that a meeting should be scheduled with CHI/ e-Governance division to discuss the transition plan of Mera Aspataal. In this connection, a meeting with USAID was already held on 03.01.2018, to work out modality of technical and programmatic human resources requirement of proposed expansion plan of Mera Aspataal initiative.

4. In the above view, approval of MoHFW is sought for transfer the ownership of Mera Aspataal application to CHI from SAATHI/USAID. The tentative fund requirement along with transition plan for carrying out the above activities is also enclosed for the approval.

With regards,

Yours faithfully,

  
(Ankit Tripathi)

Additional Director, CHI


No. P-17029/33/2016, NHM-IV  
Government of India  
Ministry of Health & Family welfare  
(NHM – IV Section)

Nirman Bhavan, New Delhi  
Dated 23<sup>rd</sup> January, 2018

Office Memorandum

**Subject: Minutes of the Meeting of “Mera Aspataal”**

The undersigned is directed to circulate herewith the minutes of the meeting chaired by AS&MD on 20/12/17 at 3:00 pm to review findings of Rapid Assessment Survey and way forward under Mera Aspataal, for information and necessary action.

  
(Sunita Sharma)  
Director (NHM)

To,

JS (P)/ JS (e-Governance)  
Director (e-Governance)  
Sr. Technical Director (NIC)  
Advisor, QI, NHSRC  
Mr. Ankit Tripathi, NHP, CHI  
Mr. Arvind Kumar Pandian, USAID  
Dr. Sai Subhasree Raghavan, President, SAATHII  
Dr. Varun Goyal, SAATHII  
US (NHM-IV)

Minutes of the meeting held on 20/12/17 at 03:00 pm under the chairmanship of AS & MD to review findings of Rapid Assessment Survey and way forward under Mera Aspataal (MA).

SAATHII had carried out a study to analyse the patients' response to Mera Aspataal application, reporting of data and performance of the application.

SAATHII presented the findings of Rapid Assessment Survey carried out with the main objective to improve patients' participation with valid phone number and response rate. Major findings/ reasons for low response rate as per the studies carried out by SAATHII are as under:

**Facility and beneficiary level factors:** it was presented that overcrowding, lack of knowledge about MA, reluctance from beneficiaries to give phone numbers, lack of IEC, inability to comprehend the format of the message to be sent through SMS, OBD call timing, no repetition of options during OBD call contributed to low proportion of valid and correctly formatted beneficiary phone.

**System level factors:** System level factors that hindered the successful implementation of Mera Aspataal are repeated calls, unable to choose multiple options in OBD calls if beneficiary selects an option before all the options are narrated, uploading of data within 24 hours, lack of formal training and clarity of budget allocations, overlapping with NQAS and Kayakalp, how to convert MA data with tangible improvement

The reasons for low response under MA and implementation mechanism were deliberated and following decisions were taken:

- To make provision to **"reschedule the call"** by patient (Action: SAATHII)
- To make provision for **"hearing the message again/a pause of few seconds between each option"** in OBD calls (Action: SAATHII)
- Provision of **"3 days"** to upload the patient visit data for all the facilities with a special provision for **"15 days"** to upload the patient visit data for facilities covered under Chief Minister Comprehensive Health Insurance Scheme of Tamil Nadu (Action: SAATHII)
- To take **"consent of patients"** for feedback call (Action: SAATHII)

5th Dec 18  
9102/18/9102-1



- It is suggested to have **“two options – Satisfied and Dissatisfied** to capture patient feedback as giving two options of Very satisfied and satisfied may skew the results towards satisfaction. Its implication over current WASS needs to be studied first and to be presented to MoHFW. (Action: SAATHII)
- **“SMS notification to facility nodal officer”** for not uploading the data to Mera Aspataal application (Action: SAATHII)
- To make the feedback mechanism simple and effective, SMS may be used for sensitization and OBD channel may be used to collect feedback. Considering the current usage of web based channel, it may be closed (Action: SAATHII)
- **Jingle (Radio channels)** to be developed for awareness regarding Mera Aspataal (Action: SAATHII)
- **Single Login ID and password** to each State to access Mera Aspataal Dashboard (Action: SAATHII)
- **To Add Patient Satisfaction Score (WASS)** option in performance report section of Dashboard (Action: NHM-IV, SAATHII)
- Develop a mechanism to **“link MA with Quality improvement”** (Action: NHSRC, SAATHII)
- **“Incentivisation/ Reward system”** for best performers (Action: SAATHII)
- **“CGHS wellness centres”** is to be integrated in Mera Aspataal (Action: NIC, SAATHII)
- **“MoHFW to send quarterly performance report”** to the states (Action: NHM-IV, eGov)
- **Pilot the Tablet/Kiosk for capturing patient feedback”** during their exit in the facility (Action: SAATHII)
- State to make provision for IEC of Mera Aspataal under PIP from next financial year (Action: NHM-IV)
- **A meeting is to be scheduled with e-governance division to discuss transition plan of Mera Aspataal.** (Action: e-Gov, NHM-IV)

Meeting was ended with the vote of thanks.

**List of participants**

**Chairperson:** Sh. Manoj Jhalani, AS&MD, MoHFW

1. Dr. Manohar Agnani, JS (P), MoHFW
2. Mrs. Sunita Sharma, Director (NHM-IV), MoHFW
3. Mr. Rajeev, Director, eGov, MoHFW
4. Mr. Sunil Bhushan, Sr. Tech Director (NIC), MoHFW
5. Mr. Sanjay Kumar Rastogi, Technical Director, MoHFW
6. Dr. Parminder Gautam, Sr. Consultant (QI), NHSRC
7. Dr. Nisarg Desai, Consultant (NHM), MoHFW
8. Mr. Sumit Soam, Consultant, eGov, MoHFW
9. Dr. Sai Subhashree Raghavan, President, SAATHII
10. Dr. Varun Goyal, PPP specialist, SAATHII
11. Dr. Parika Pahwa, SAATHII
12. Mr. Vijay, Mahiti
13. Mrs. Kirti Singh, SAATHII
14. Mr. Varchas Sinha, SAATHII

Receipt - 450813/2017

(2)

File No.P-17029/33/2016-NRHM-IV  
Government of India  
Ministry of Health and Family Welfare

Nirman Bhawan, New Delhi  
Dated the 25<sup>th</sup> January, 2017

OFFICE MEMORANDUM

Sub: Review meeting on Mera Aspataal Application.

The undersigned is directed to circulate herewith minutes of meeting taken by AS & MD on 10-01-2017 at 5:30 PM to review Mera Aspataal application, for information and necessary action.



(Sunita Sharma)  
Director (NHM-IV)

To

✓ JS (E-Governance)

✓ JS (SK)/ JS (P)

Director (E-Gov)

ED, NHSRC

Sr. Technical Directors, NIC (Shri Sunil Kumar, Shri Sinha)

US (NHM-IV)

Dr. Varun, SAATHII

Copy to:

PS to AS & MD

Copy to  
Dr. Anil Desai, Consultant



**Minutes of the Meeting held on 10.01.2017 at 5:30 pm in the conference room no. 155-A wing under the chairmanship of AS & MD to review Mera Asptaal Application.**

1. A meeting was held under the Chairmanship of AS & MD to review the Mera Asptaal application. The list of participants in the meeting is at Annexure.
2. AS & MD extended a warm welcome to all the participants which was followed by a briefing on the Mera Aspataal application by JS (P). Shri Manoj Jhalani, JS, stated that the application had been launched in the national convention at Tirupati with the support of USAID during pilot phase which is upto 31.03.2017. The application captures patients feedback on their experience in the health facilities. These feedbacks would be critical parameter in performance assessment of health facilities and their officers in charge.
3. JS(P) stated that the implementation and expansion of Mera Asptaal application may be handled in the e-governance division which has been agreed to by JS(SS). NHM/NHSRC may continue to monitor and follow up on patients feedback for state government health facilities.
4. SAATHII made a presentation bringing out the status update and analysis of patients feedback received, next steps during the pilot phase, transition process and potential for scale-up of the Mera Aspataal application.

Status update of the application was shared by SAATHII with the stakeholders i.e. 90 health facilities integrated and more than 100,000 patients provided the feedback since its launch. Out of total respondents, 78% patients were reportedly satisfied with the services and 22% are dissatisfied.

5. JS(P) stated that Mera Asptaal application is proposed to be extended to all Central Government hospitals and District hospitals during 2017-18, preferably by July, 2017. AS & MD directed JS (SS) and JS (SK) to ensure that all the Central Govt. hospitals immediately join the Mera Aspataal application. AS & MD requested JS(SS)

60

and JS(P) to prepare the road map for scaling up the application and working out the resources required for the same.

The e-Governance division was advised to make budget provision for the Mera Aspataal application during 2017-18.

6. USAID was requested to consider continuation of the ECA health partnership agreement beyond 31.03.2017 and its support to the scaling up the programme and intimate the decision.
7. Mr. Sunil Kumar, Senior Technical Director, NIC stated that there are three VMs have been allocated on NIC cloud as of now. This application doesn't have any architecture. It was informed by SAATHII that 10-15 thousand feedbacks are being received on daily basis. This will increase once more number of hospitals are integrated. NIC requested to work out the detailed architecture and cloud requirements to keep future requirement in view. As & MD directed JS (e-Gov) to get these details worked out with NIC, SAATHII and NHP.

After deliberations, SAATHII was advised to take the following action.

- i. SAATHII will present analysis of data-state, facilities and department specific in two weeks. During this time, an automatic reporting system will also be made functional.
- ii. SAATHII will develop a radio jingle for promoting the Mera Aspataal application and will submit the same to the MOHFW for sharing with states.
- iii. AS & MD asked SAATHII to explore with DEITY of having a toll free SMS service.
- iv. SAATHII will conduct an analysis of use of quality improvement approaches based on patient feedback at facility level and develop a comprehensive dashboard. They should also provide access to feedback analysis to State Governments, hospital managers etc. Further, they should provide department wise break-up of analysis of patient feedback.
- v. SAATHII will prepare and submit a comprehensive operational road map including infrastructure, technical and administrative requirements and timelines; for scale-up of the application in approx. 800 public health facilities including all central government hospitals, government medical college hospitals and district hospitals.

## Annexure

List of participate at the Review Meeting of AS & MD on Mera Asptaal held on 10/01/2017 at 5: 30 pm in the Conference Room no. 155-A wing.

Chairperson: Dr. Arun K Panda (AS & MD), MOHFW

1. Mr. Manoj Jhalani, JS (P), MOHFW
2. Mr. Sunil Sharma JS (e-Gov), MOHFW
3. Mr. Sudhir Kumar JS (CGH), MOHFW
4. Mr. Arvind Kumar Pandian, Project Manager, USAID
5. Ms. Sunita Sharma, Director (NHM IV), MOHFW
6. Mr. Jitendra Arora, Director (e-Gov), MOHFW
7. Mr. Sunil kumar Bhushan Sr. Tech. Director, NIC
8. Mr. SK Sinha, Sr. Tech. Director, NIC
9. Mr. Ankit Tripathi, Addl. Director, NHP
10. Mr. Gaurav Sharma, Deputy Director (Technical), NHP
11. Mr. Shabeer, Jr. Consultant, MOHFW
12. Dr. Sai Subhasree Raghavan, President, SAATHI
13. Dr. Varun Goyal, PPP Specialist, SAATHI
14. Mr. Vijay Rasquinha, Director, Mahiti



## Transition Plan

### Responsibilities of SAATHI/ USAID:

- SAATHI/USAID will provide the necessary knowledge transfer, technology handover including training and capacity building plan of the application along with proper source code to **Centre for Health Informatics (CHI)**.
- SAATHI/USAID will provide 2 months complete handholding and required support after the transition to **Centre for Health Informatics (CHI)**.
- SAATHI/USAID will transfer the NIC Cloud account to **Centre for Health Informatics (CHI)**.

### Responsibilities of Centre for Health Informatics (CHI):

- CHI will arrange the recruitment of technical resources for implementation and technical support in Mera Aspataal application across the country.
- The timeline for complete handholding of the application will be 6 months. Out of which:
  - 2 months for complete user training and documentation
  - 4 months for necessary handholding and support.
- Hosting of Mera Aspataal application will be at CHI premises.
- Tentative date of project start will be 01<sup>st</sup> April 2018.
- CHI will provide hand-holding and required coordination with National Informatics Centre (NIC) for SMS gateway and necessary payments.
- CHI will hire following technical resources for Mera Aspataal application:
  - Program Manager
  - Technical Supervisor
  - Developer (integration)
  - Developer (mobile)
  - Developer (new feature)
  - Tester
  - Architect
  - System Administrator

*\*Details of the technical resources are attached as Annexure "A".*

## Annexure "A"

S.No	Designation	No. of Person required	Educational Qualifications	Relevant Experience (Years)	Key Responsibilities
1	Program Manager	1	Master's degree in public health, hospital management, hospital administration, or equivalent	Minimum 5 years of work experience in implementing public health projects especially in IT sector	<ul style="list-style-type: none"> <li>Coordinate and organize meetings with the concerned stakeholders at the national level for programmatic and administrative activities.</li> <li>Undertake regular visits to the states to sensitize the staff and monitor the IEC activities of Mera Aspataal application.</li> <li>Conduct data quality assessments of the application in collaboration with the technical team on regular basis.</li> <li>Keep track of all technical and administrative issues with concerned stakeholders and take necessary actions to resolve such issues.</li> <li>Share fortnightly updates for Mera Aspataal application with concerned authorities</li> <li>Analyze patient feedback data on monthly basis and share the findings with stakeholders</li> <li>Work with technical supervisor aggressively to complete the deliverables on time.</li> <li>Prepare weekly, monthly and quarterly work and operation plans in consultation with the technical supervisor and other stakeholders to support the implementation of the different components of the project in a timely manner and updates the plans as and when required.</li> <li>Work in collaboration with Quality Improvement team to link patient feedback data with the improvement of service quality at the facility level.</li> <li>Monitor the progress on regular basis and communicate to the Addl. Director, CHI on various challenges and suggest corrective actions.</li> <li>Ensure timely delivery of system generated reports to the concerned stakeholders.</li> <li>Any other duties and responsibilities assigned by the Addl. Director, CHI that is within the incumbent's expertise and experience.</li> </ul>
2	Technical Supervisor	1	B.E/B Tech	2+ Years	<ul style="list-style-type: none"> <li>Co-ordinate with the stakeholders and plan a roadmap for new features.</li> <li>Assign tasks to the team.</li> <li>Plan release of the features.</li> <li>Share release updates with the stakeholders on regular basis.</li> <li>Ensure timely delivery of the planned features.</li> </ul>
3	Developer (integration)	1	B.E	1+ Years	<ul style="list-style-type: none"> <li>Ensure the API formats are valid which are shared by the health facility/state.</li> <li>Shift integration to production after completion of testing.</li> <li>Configure monitoring system for the services.</li> <li>Configure roles, users, and time for data pull/push.</li> <li>Send request for IP whitelisting to technical supervisor</li> <li>Provide access controls to officials at national, state, district and facility levels.</li> </ul>
4	Developer (mobile)	Android - 1 No iOS - 1 No	B.E	1+ Years	<ul style="list-style-type: none"> <li>Build new features</li> <li>Bug fixing</li> <li>Manage the API's to the Mera Aspataal platform</li> </ul>
5	Developer (new feature)	1	B.E	1+ Years	<ul style="list-style-type: none"> <li>Develop new features as part of the product roadmap (like dashboard, reports, access controls)</li> <li>Bug fixes</li> </ul>
6	Tester	1	B.E	1+ Years	<ul style="list-style-type: none"> <li>Test new features and integrations</li> </ul>
7	Architect	1	B.E	3+ Years	<ul style="list-style-type: none"> <li>Create SOPs for improvement in third-party integrations, mobile app development etc.</li> <li>Plan/ Design new features &amp; integrations.</li> <li>Plan to scale-up the application.</li> </ul>
8	System Administrator	1	B.E	1+ Years	<ul style="list-style-type: none"> <li>Manage and deploy cloud infrastructure</li> </ul>

### Financial Requirement

- 1) The technical resource deployment for 1 year in implementation and support shall be approx. 54.6 Lakhs as given in the table below:

Serial#	Designation	No. of Person required	Expected Salary/Month (INR)	Expected Salary/ Year (INR) in Lakhs
1	Program Manager	1	70k – 80k	9.6
2	Technical Supervisor	1	40k-50k	6.0
3	Developer (integration)	1	30k-35k	4.2
4	Developer (mobile)	Android - 1 No iOS - 1 No	30k-35k	4.2
5	Developer (new feature)	1	30k-35k	4.2
6	Tester	1	25k-30k	3.6
7	Architect	1	125k-150k	18.0
8	System Administrator	1	35k-40k	4.8
<b>Total cost in Lakhs (INR)</b>				<b>54.6</b>

- 2) SMS Gateway cost will be approx. 34.4 Lacs and it is based on the assessment of amount spent in the last one year.

*\*The above expenditure are indicative and may change from time to time as per the requirement.*



Subject: Meeting to discuss issues related to transfer of Mera Aspataal Application to CHI today, the 9 April, 2018 at 5PM

From: skpani2001@yahoo.com

To: sc.rajeev72@nic.in; ankit\_tripathi11@hotmail.com; sinha.sk@nic.in

Cc: amikumariss34@gmail.com; amita.telemedicine@gmail.com; gaurav.sharma@nihfw.org; ashish.sharma.css@gmail.com; hunnywadhwa2307@gmail.com; indubharwal89@yahoo.in

Date: Monday, April 9, 2018, 10:32:07 AM GMT+5:30

Sir,

A meeting to discuss issues related to transfer of Mera Aspataal Application to CHI for its implementation and expansion is scheduled to be held today, the 9 April, 2018 at 5PM in the Room No 211-D, Nirman Bhawan, New Delhi.

Kindly make it convenient to attend the meeting.

Regards

S.K. Pani  
Under Secretary(eHealth)  
M/o Health & Family Welfare  
Room No 112 D, Nirman Bhawan,  
New Delhi  
Tel: 011-23061213  
Mobile: 09810115874

**Centre for Health Informatics (CHI)**  
**The National Institute of Health and Family Welfare (NIHFW)**

Dated: 10<sup>th</sup> April, 2018

**Subject:** Minutes of the Meeting for finalization of Human Resource details for transition plan of Mera Aspataal (MA) Application.

As per the approval of JS(LA) the committee, consisting of Shri S.C.Rajeev, Dir(e Health), Shri S.K. Sinha, Sr.TD(NIC) and Shri Ankit Tripathi, Additional Dir (CHI) to assess the requirements of Human Resource for transition plan and operations of Mera Aspataal (MA) Application, met on 09/04/2018 at 05:00 PM in MoHFW, Nirman Bhawan to discuss the issues.

2. The brief activities to be performed by the human resources for maintaining the Mera Aspataal application once it is handed over to CHI by M/s SAATHII were discussed in detail.
3. The major activities are listed below:

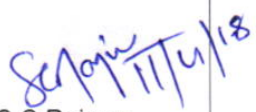
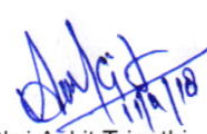

Sr. No	Activities	Description
1.	Project Monitoring	<ul style="list-style-type: none"> <li>• Coordinate and organize meetings with the concerned stakeholders at national level for programmatic and administrative activities.</li> <li>• Undertake regular visits to the states to sensitize the staff and monitor the IEC activities of Mera Aspataal application.</li> <li>• Conduct data quality assessments of the application in collaboration with the technical team on regular basis.</li> <li>• Keep track of all technical and administrative issues with concerned stakeholders and take necessary actions to resolve such issues.</li> <li>• Share fortnightly updates for Mera Aspataal application with concerned authorities</li> <li>• Analyze patient feedback data on monthly basis and share the findings with stakeholders</li> <li>• Work with technical supervisor aggressively to complete the deliverables on time.</li> <li>• Prepare weekly, monthly and quarterly work and operation plans in consultation with the technical supervisor and other stakeholders to support the implementation of the different components of the project in a timely manner and updates the plans as and when required.</li> <li>• Work in collaboration with Quality Improvement team to link patient feedback data with the improvement of service quality at the facility level.</li> <li>• Monitor the progress on regular basis and communicate to the Addl. Director, CHI on various challenges and suggest corrective actions.</li> <li>• Ensure timely delivery of system generated reports to the concerned stakeholders.</li> <li>• Any other duties and responsibilities assigned by the Addl. Director, CHI that are within the incumbent's expertise and experience.</li> </ul>
2.	Project Supervising	<ul style="list-style-type: none"> <li>• Co-ordinate with the stakeholders and plan roadmap for new features.</li> <li>• Assign tasks to the team.</li> </ul>

		<ul style="list-style-type: none"> <li>Plan release of the features.</li> <li>Share release updates with the stakeholders on regular basis.</li> <li>Ensure timely delivery of the planned features.</li> </ul>
3.	Development (Integration)	<ul style="list-style-type: none"> <li>Ensure the API formats are valid which are shared by the health facility/state.</li> <li>Shift integration to production after completion of testing.</li> <li>Configure monitoring system for the services.</li> <li>Configure roles, users, and time for data pull/push.</li> <li>Send request for IP whitelisting to technical supervisor</li> <li>Provide access controls to officials at national, state, district and facility levels.</li> </ul>
4.	Development (New Features)	<ul style="list-style-type: none"> <li>Develop new features as part of the product roadmap (like dashboard, reports, access controls)</li> <li>Bug fixes</li> <li>Manage the API's to the Mera Aspataal platform</li> <li>Test new features and integrations</li> <li>Manage and deploy cloud infrastructure</li> </ul>

4. Based on the above said activities for maintaining the Mera Aaspatal application, the committee suggests the following manpower to be hired initially.

Sr. No	Designation	NICSI Designation	No of Person	Activities responsible	Salary / month (As per NICSI as on date 10/04/2018)
1.	Senior Developer	Developers (5 + years experience) (Tier III)	2	<ul style="list-style-type: none"> <li>Project Monitoring</li> <li>Project Supervising</li> </ul>	65,453.00
2.	Developer	Mobile Application developers (3-5 years Experience) (Tier III)	2	<ul style="list-style-type: none"> <li>Development (Integration)</li> <li>Development (New Features)</li> </ul>	47,726.00

5. The committee recommends that the above man power may be hired for smooth transitions and functioning of the application.

 Shri S C Rajeev	 Shri Ankit Tripathi	 Shri S. K. Sinha
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**Z-18015/26/2016-eGov**  
**Government of India**  
**Ministry of Health & Family Welfare**  
**eHealth Section**

Nirman Bhawan, New Delhi  
Dated 01<sup>st</sup> August, 2018

To,

Shri Ankit Tripathi  
Additional Director  
Centre for Health Informatics (CHI),  
NIHFW, New Delhi

**Subject: Transfer of Mera Aspataal Application to Centre for Health Informatics (CHI) for its implementation and expansion-reg.**

Sir,

I am directed to refer to your letter No.NIHFW/CHI/Mobile-App/mHealth/2016 dated 02.02.2018 on the aforementioned subject and to say that the competent authority in MoHFW has approved that the Mera Aspataal application be managed by to CHI, NIHFW with manpower support from NPMU of the NHM and financial implications for manpower required and SMS Gateway/OBD cost for one year is as under:

i. The technical resource deployment for one year in implementation and support shall be approx. Rs. 27,16,296.00/- as given in the table below:

S.No	Designation	NICSI Designation	No of Person	Activities responsible	Salary/Month/ person (As per NICSI as on date 10/04/2018)	Annual Salary
I.	Senior Developer	Developer (5+ year experience) (Tier III)	2	<ul style="list-style-type: none"> <li>Project Monitoring</li> <li>Project Supervising</li> </ul>	Rs. 65,453.00	Rs.15,70,872.00
II.	Developer	Mobile Application developers (3-5 years experience) (Tier III)	2	<ul style="list-style-type: none"> <li>Development (Integration)</li> <li>Development (New Features)</li> </ul>	Rs. 47,726.00	Rs.11,45,424.00
<b>Total</b>						<b>Rs.27,16,296.00</b>

ii. SMS Gateway/OBD cost will be approx. Rs. 34,40,000/- and it is based on the assessment of amount spent in the last one year which is subject to actuals.

Yours faithfully

(S. K. Pani)

Under Secretary to Government of India  
011-23061213

Copy for information to:-

1. US(NHM), MoHFW
2. Deputy Director (Admin), NIHFW
3. Mr. Varun Goyal, PPP Specialist, SAATHI



File No. Z-18015/26/2016-eGov  
Government of India  
Ministry of Health & Family Welfare  
(eHealth Division)

Room No. 213-D, Nirman Bhawan,  
New Delhi-110108, Dated: **01.08.2018**

To

The Pay & Accounts Officer (Secretariat),  
Ministry of Health & Family Welfare,  
Nirman Bhawan, New Delhi.

**Sub: Release of funds of Rs.61,56,296/-to Centre for Health Informatics (CHI), NIHFw for implementation and expansion of Mera Aspataal Application. -Regarding.**

Sir,

I am directed to convey the sanction of the President for release of funds (Grant in Aid) amounting **Rs. 61,56,296.00/- (Rupees Sixty One Lakh Fifty Six Thousand Two Hundred Ninety Six only)** to Center for Health Informatics (CHI), National Institute of Health and Family Welfare (NIHFw) for implementation and expansion of Mera Aspataal Application.

2. The sanction order is issued in accordance with 228-238 of General Financial Rules 2017. The payment of grant-in-aid will be subject to the provisions of GFR-2005/DFPR-1978/ Receipt and Payment Rules 1983 (as amended from time to time) and the following terms and conditions:

- (a) The Institute shall not without prior sanction of the Government dispose of or encumber or utilize the assets acquired wholly or substantially out of the Government grant for purpose other than those for which the grant has been sanctioned
- (b) Accounts of the Institute will be audited by the Comptroller and Auditor General of India.
- (c) The Accounts of the Institute shall also be opened for test check by the C&AG at their discretion.
- (d) If the grant or any part thereof is not utilized for the purpose for which it is paid, it shall be refunded to the Government immediately.
- (e) The Institute should maintain a register in Form GFR-19 of the payment and semi-permanent assets acquired wholly or mainly out of Government grants and a copy thereof furnished to this Ministry.
- (f) The register of assets maintained by the Institute shall be made available for scrutiny by the Audit.
- (g) Utilization certificate in the proforma prescribed and the audited statement of accounts should be furnished to this Ministry soon after the accounts of the Institute of the year 2018-19 are audited by the DGACR, New Delhi or his representative to enable the Government to satisfy themselves that the amount has been utilized for the purpose



for which it was sanctioned. These documents should be sent to this Ministry immediately after the closure of the current financial year and in any case not later than the end of the third month of the next financial year.

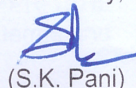
(h) The accounts of the grantee institution shall be open to inspection by the sanctioning authority and audit both by the CAG of India under the provision of CAG(DPC) Act, 1971 and internal audit wing of the O/o CCA of the Ministry whenever the institution or organization is called upon to do so.

3. The payment of the grant-in-aid will be made by the Electronic transfer/ Demand Draft/ Cheque on receipt of an undertaking from the National Institute of Health and Family Welfare, New Delhi that the terms and conditions for the grants are acceptable to them.

4. The expenditure will be met from Demand No. 42-Department of Health and Family welfare, 2211- Family welfare (Major Head), 00001- Direction and Administration (Minor Head) 07- Strengthening National Programme Management of the NRHM 070031- Grants-In-Aid- General (Plan) during the year 2018-19. The sanction so granted is of recurring nature.

5. This sanction issues with the concurrence of Integrated Finance Division vide their C.D. No.- 1284 dated 24/07/2018.

Yours faithfully,



(S.K. Pani)

Under Secretary to the Government of India  
Tel. No. 23061213

Copy to:

1. Cash (H)- Nirman Bhawan, New Delhi.
2. The Director of Audit, Central Revenues, IP Estate, New Delhi.
3. U.S. (Health Budget)
4. US(Finance), NHM, MoHFW
5. Director, NIHFW, Baba Gangnath Marg, Munirka, Delhi-110067- **with a request to send the necessary undertaking, certificate, form of quittance, RTGS immediately to this Department.**
6. The Additional Director, CHI, NIHFW, Baba Gangnath Marg, Munirka, Delhi-110067-
7. Sanction Folder.



Receipt No : 1142650/2018/TELEMEDICINE

राष्ट्रीय स्वास्थ्य एवं परिवार कल्याण संस्थान  
(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन एक स्वायत्तशासी संस्थान)



The National Institute of Health and Family Welfare  
(An Autonomous Institute under Ministry of Health & Family Welfare, Government of India)

बाबा गंगनाथ मार्ग, मुनीरका, नई दिल्ली-110 067

दूरभाष (कार्यालय): 91-11-26165959, 26166441, 26188485, 26107773

फैक्स: 91-11-26101623, ईमेल: info@nihfw.org

वेब साइट: www.nihfw.org

Baba Gangnath Marg, Munirka, New Delhi-110 067

Phones: 91-11-26165959, 26166441, 26188485, 26107773

Fax: 91-11-26101623, E-Mail: info@nihfw.org

Web Site: www.nihfw.org

NHFW/CHF/Mera Asptaal/2018

Dated: 27.11.2018

To

Shri S. K.. Pani,  
Under Secretary  
Ministry of Health and Family Welfare,  
Nirman Bhavan, New Delhi.

**Subject: Whitelisting of IP Address for Mera Asptaal Server – reg.**

Sir,

This is with reference of communication email dated 22<sup>nd</sup> November, 2018 received from Mera Asptaal Development team for white listing of IP address.

2. Mera Asptaal Application is deployed on NIC server with IP164.100.161.128 to pull the data from the Hospitals empanelled with the program. The IP address of National Institute of Tuberculosis and Respiratory Diseases (NITRD) as confirmed by Mera Asptaal team is 14.139.253.206 Port 80 which is required to be whitelisted, so that the data from the NITRD server can be pushed to the NIC Server.

3. In view of the importance of the Mera Asptaal team to work seamlessly, the whitelisting of IP Address may be approved.

With regards,

→ Firewall Rule Entry Request  
form attached.

Yours sincerely,

(Gaurav Sharma)

Dy. Director (Tech.), CHI  
Center for Health Informatics

5173/CHF  
28/11/18

28/11/18

ASO (Sh. Henry)

Form No. CSG/FWRERF-1

**Cyber Security Group  
National Informatics Centre  
Department of Information Technology**

**Firewall Rule Entry Request Form**

(For Updating/Adding/Deleting a Rule\*)

**Please Read Firewall Rule Entry Policy (PTO)**

1. Name of the Group/Division

: Ministry of Health &amp; Family Welfare

2. Functionality &amp; OS of the Server to be placed behind Firewall:

Mera Hospital

3. **Server's IP number**

: 164.100.161.128

4. Rule Required on the Firewall to allow the Server to access outside systems:

From ( <b>Server's</b> IP number)	To (Destination IP number)	Service(s) to be accessed by the server (with reason)			Protocol (tcp / udp)	Permit for Time & Day		
		Name	Port(s)	Reason		From (Hrs)	To (Hrs)	Day(s) of week
164.100.161.128	14.139.253.206	NITRD	80	Pull NITRD Data	TCP	00:00	23:59	MTWTFSS

5. Rule Required on the Firewall to allow access from outside systems to the Server:

From (Source IP number)	To ( <b>Server's</b> IP number)	Service(s) to be provided by the server (with reason)			Protocol (tcp / udp)	Permit for Time & Day		
		Name	Port(s)	Reason		From (Hrs)	To (Hrs)	Day(s) of week
								MTWTFSS

6. Functionality offered by the Server is approved by competent authority: ☒ Yes/No

7. Server scanned for vulnerabilities\*\*

: ☒ Yes/No**NOTE: ##** IP number of the Server to be placed behind the firewall (point 3, 4 & 5).

\* Use a separate sheet for each rule.

\*\* Vulnerability scanner should be run for server before placing behind the firewall. Attach scan report and action taken.

System Administrator details: Name:

Tel. No./ Intercom:

E-Mail:

Signature of HoD with date:

Name &amp; Designation of HoD:

Tel. No./Intercom:

E-Mail:

Name &amp; Signature of HoD (Cyber Security Group):

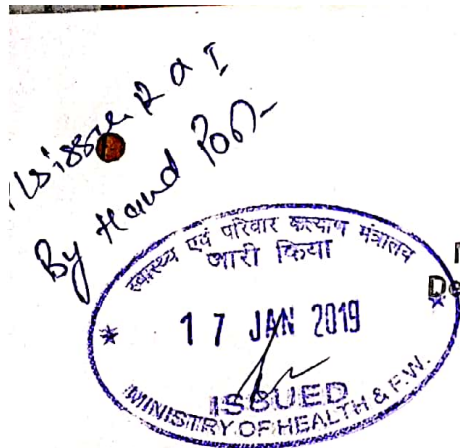
Comments :

Name &amp; Signature of Firewall Administrator:

गौरव शर्मा / Gaurav Sharma  
उप-निदेशक (तकनीकी) / Deputy Director (Technical)  
सी. एच. आई. - एन. एच. पी. / CHI-NHP  
रा. स्व. एच. पी. क. रा. मुनीरका नई दिल्ली  
NIHFW, Munirka, New Delhi-110067



Receipt No : 1283761/2019/TELEMEDICINE



F.No-Z-18015/26/2016-eGov  
Government of India  
Ministry of Health & Family Welfare  
Department of Health & Family Welfare  
(e-Health Section)

\*\*\*\*\*

Nirman Bhawan, New Delhi  
Dated 16<sup>th</sup> January, 2019

To,

Shri Ankit Tripathi  
Additional Director, CHI  
NIHFW, Baba Gangnath Marg, Munirka, New Delhi-110067

**Subject: Whitelisting of IP Address for Mera Aspatal Server-reg**

Sir,

This is in response to your letter dated 27.11.2018 seeking approval of MoHFW for whitelisting of IP address 14.139.253.206 Port 80 of National Institute of Tuberculosis and Respiratory Diseases (NITRD), so that data from the NITRD server can be pushed to the NIC server.

2. In this regard, it is informed that NIC has confirmed that the IP address 14.139.253.206 Port 80 of National Institute of Tuberculosis and Respiratory Diseases (NITRD) has been whitelisted for Mera Aspatal Application.

Yours faithfully,

  
16/1/19  
(Amit Kumar)

Deputy Director(e-Health)  
Tel: 23061510

Copy to

Deputy Director, CHI, National Institute of Health and Family Welfare, Baba Gang Nath Marg, New Mehrauli Road, Munirka, New Delhi-110067

Scanned by CamScanner



Receipt No : 1285956/2019/TELEMEDICINE

राष्ट्रीय स्वास्थ्य एवं परिवार कल्याण संस्थान  
(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन एक स्वायत्तशासी संस्थान)



The National Institute of Health and Family Welfare  
(An Autonomous Institute under Ministry of Health & Family Welfare, Government of India)

बाबा गंगनाथ मार्ग, मुनीरका, नई दिल्ली-110 067

दूरभाष (कार्यालय): 91-11-26165959, 26166441, 26188485, 26107773

फैक्स: 91-11-26101623, ईमेल: info@nihfw.org

वेब साईट: www.nihfw.org

Baba Gangnath Marg, Munirka, New Delhi-110 067

Phones: 91-11-26165959, 26166441, 26188485, 26107773

Fax: 91-11-26101623, E-Mail: info@nihfw.org

Web Site: www.nihfw.org

Dated: 28.03.2019

To

US (eHealth)  
Ministry of Health and Family Welfare  
Nirman Bhavan, New Delhi – 110108

**Subject: IP White listing Request for sharing of Data to Mera Aspatal Programme – reg.**

Dear Sir,

With reference to the subject cited above, this to inform you that **CDAC-TELANGANA** will share the data as requested for Mera Aspatal Application.

2. For smooth transfer of data from our end to the Mera Aspatal Application, the IP needs to be whitelisted. The details of the IP are as follow:

**IP Address: 220.156.189.37**

**Port: 443**

3. It is therefore requested that the above IP can be whitelisted on the NIC firewall

With regards,

Yours sincerely,

(Gaurav Sharma)

Deputy Director – Technical,  
Centre for Health Informatics,  
National Institute of Health and Family Welfare,  
Munirka, New Delhi.

Copy to:

1. SAATHII

Scanned by CamScanner

Form No. CSG/FWRERF-1

**Cyber Security Group  
National Informatics Centre  
Department of Information Technology**

**Firewall Rule Entry Request Form**  
(For Updating/Adding/Deleting a Rule\*)

**Please Read Firewall Rule Entry Policy (PTO)**

1. Name of the Group/Division : *Ministry of Health & Family Welfare*
2. Functionality & OS of the Server to be placed behind Firewall: *Mera Aspatal*
3. <sup>\*\*\*</sup> Server's IP number : *164.100.161.128*
4. Rule Required on the Firewall to allow the Server to access outside systems:

From ( <sup>***</sup> Server's IP number)	To (Destination IP number)	Service(s) to be accessed by the server (with reason)			Protocol (tcp / udp)	Permit for Time & Day		
		Name	Port(s)	Reason		From (Hrs)	To (Hrs)	Day(s) of week
164.100.161.128	220.15.6.189.47	CDNC Telangana	443	pull data	TCP	00:00	23:59	MTWTFSS

5. Rule Required on the Firewall to allow access from outside systems to the Server:

From (Source IP number)	To ( <sup>***</sup> Server's IP number)	Service(s) to be provided by the server (with reason)			Protocol (tcp / udp)	Permit for Time & Day		
		Name	Port(s)	Reason		From (Hrs)	To (Hrs)	Day(s) of week
								MTWTFSS

6. Functionality offered by the Server is approved by competent authority: *Yes/No*
7. Server scanned for vulnerabilities\*\* : *Yes/No*

**NOTE: ##** IP number of the Server to be placed behind the firewall (point 3, 4 & 5).

\* Use a separate sheet for each rule.

\*\* Vulnerability scanner should be run for server before placing behind the firewall. Attach scan report and action taken.

**System Administrator details:** Name:

Tel. No./ Intercom:

E-Mail:

Signature of HoD with date:

Name & Designation of HoD:

Tel. No./Intercom:

E-Mail:

Name & Signature of HoD (Cyber Security Group):

Comments :

Name & Signature of Firewall Administrator:

*Gaurav Sharma*  
गौरव शर्मा / Gaurav Sharma  
उप-निदेशक (तकनीकी) / Dy Director (Technical)  
सी एच आई-एन एच सी, मुंबई-४०००४०  
रा.स्व. एवं प. क. रा., मुंबई-४०००४०  
NIHFW, Mumbai, New Delhi-110027

राष्ट्रीय स्वास्थ्य एवं परिवार कल्याण संस्थान  
(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन एक स्वायत्तशासी संस्थान)



The National Institute of Health and Family Welfare  
(An Autonomous Institute under Ministry of Health & Family Welfare, Government of India)

बाबा गंगनाथ मार्ग, मुनीरका, नई दिल्ली-110 067

दूरभाष (कार्यालय): 91-11-26165959, 26166441, 26188485, 26107773

फैक्स: 91-11-26101623, ई.मेल: info@nihfw.org

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Phones: 91-11-26165959, 26166441, 26188485, 26107773

Fax: 91-11-26101623, E-Mail: info@nihfw.org

Web Site: www.nihfw.org

Dated: 28.03.2019

To

US (eHealth)  
Ministry of Health and Family Welfare  
Nirman Bhavan, New Delhi – 110108

Subject: IP White listing Request for sharing of Data to Mera Aspatal Programme – reg.

Dear Sir,

With reference to the subject cited above, this to inform you that **CDAC-NIMS** will share the data as requested for Mera Aspatal Application.

2. For smooth transfer of data from our end to the Mera Aspatal Application, the IP needs to be whitelisted. The details of the IP are as follow:

IP Address: 220.156.188.37

Port: 443

3. It is therefore requested that the above IP can be whitelisted on the NIC firewall

With regards,

Yours sincerely,

Gaurav Sharma

Deputy Director – Technical,  
Centre for Health Informatics,  
National Institute of Health and Family Welfare,  
Munirka, New Delhi.

Copy to:

1. SAATHII



Form No. CSG/FWRERF-1

**Cyber Security Group  
National Informatics Centre  
Department of Information Technology**

**Firewall Rule Entry Request Form**  
(For Updating/Adding/Deleting a Rule\*)

**Please Read Firewall Rule Entry Policy (PTO)**

1. Name of the Group/Division
2. Functionality & OS of the Server to be placed behind Firewall: *Mera Apasana*
3. <sup>nd</sup> Server's IP number : *164.100.161.128*
4. Rule Required on the Firewall to allow the Server to access outside systems:

From ( <sup>nd</sup> Server's IP number)	To (Destination IP number)	Service(s) to be accessed by the server (with reason)			Protocol (tcp / udp)	Permit for Time & Day		
		Name	Port(s)	Reason		From (Hrs)	To (Hrs)	Day(s) of week
<i>164.100.161.128</i>	<i>220.156.188.37</i>	<i>CDAC NIMS</i>	<i>443</i>	<i>Pull NIMS data</i>	<i>Tcp</i>	<i>00:00</i>	<i>22:59</i>	<i>MTWTFSS</i>

5. Rule Required on the Firewall to allow access from outside systems to the Server:

From (Source IP number)	To ( <sup>nd</sup> Server's IP number)	Service(s) to be provided by the server (with reason)			Protocol (tcp / udp)	Permit for Time & Day		
		Name	Port(s)	Reason		From (Hrs)	To (Hrs)	Day(s) of week
								<i>MTWTFSS</i>

6. Functionality offered by the Server is approved by competent authority: *Yes/No*
7. Server scanned for vulnerabilities\*\* : *Yes/No*

**NOTE: ##** IP number of the Server to be placed behind the firewall (point 3, 4 & 5).

\* Use a separate sheet for each rule.

\*\* Vulnerability scanner should be run for server before placing behind the firewall. Attach scan report and action taken.

System Administrator details: Name:

Tel. No./ Intercom:

E-Mail:

Signature of HoD with date:

Name & Designation of HoD:

Tel. No./Intercom:

E-Mail:

Name & Signature of HoD (Cyber Security Group):

Comments :

Name & Signature of Firewall Administrator:

*गौरव शर्मा / Gaurav Sharma*  
उप-निदेशक (सिस्टीम) / Dy. Director (System)  
सी. ई. जे. एच. एच. पी. / C. E. J. H. P.  
रा. स्व. एच. पी. के. रा. मुनीरका नई दिल्ली  
NIHFW, Munirka, New Delhi-110057

**Note No. #1**

**Subject: Approval for using the common short code and missed call number for Patient Satisfaction System Application (PSSA) from CHI/NHP.**

A discussion was held between NHP and Mr. Varun Goyal, PPP specialist, SAATHI regarding process of integration between **Patient Satisfaction System Application** and SMS gateway of National Health Portal. It has been decided to take NHP support for using the common short code (5616115) and missed call number (011- 22901701) for the PSSA.(p.16-17/C)

2. PUC1 is a letter dated 6<sup>th</sup> July, 2016 received from Prof. S.N. Sarbadhikari, Project Director, CHI, NIHFW requesting for approval of the Ministry to provide the following support to Patient Satisfaction System with the collaboration with SAATHII:

- (i) Using common short code (5616115) and missed call number (011-22901701) for Patient Satisfaction System application along with the exiting SMS application system.
- (ii) NHP will process and send SMS to the user list provided through API.
- (iii) Capturing user feedback and pass on to SAATHII API.
- (iv) Developing dashboard for the summary on how many we have received request, processed and user responded day wise.

3. The expenditure for providing the above support for the initiative may be utilized from the NHP funds.

4. Submitted for approval please.

12/07/2016 5:03 PM

AMIT KUMAR-AD  
(AD)

**Note No. #2**

approved

14/07/2016 3:24 PM

JITENDRA ARORA  
(DIR)

**Note No. #3**

06/09/2017 1:13 PM

AMIT KUMAR-AD  
(AD)

**Note No. #4**

13/09/2017 3:50 PM

S K PANI  
(US)

**Note No. #5**

PUC is a document submitted by Dr. Varun Goyal, PPP Specialist, SAATHI where in he has submitted a proposal for scaling up Server for the Mera Aspataal Project. A detail of the Currently available server configuration and the additional requirement is mentioned in PUC.

2. File is submitted for necessary directions please.

The logo for eSign, featuring a green checkmark and the word "Sign" in a stylized font.

14/09/2017 12:33 PM



**ASHISH SHARMA-II(EGOV)  
(ASO)**

**Note No. #6**

 Digitally Signed

14/09/2017 12:53 PM

**AMIT KUMAR-AD  
(AD)**

**Note No. #7**

 Digitally Signed

14/09/2017 4:39 PM

**S K PANI  
(US)**

**Note No. #8**

Please provide the additional cloud space for MeraAspataal application.

 Digitally Signed

14/09/2017 4:48 PM

**JITENDRA ARORA  
(DIR)**

**Note No. #9**

Needful may please be done as requested.

 eSign

20/10/2017 4:19 PM

**SANJAY KUMAR SINHA  
(SR.TECH.DIR)**

**Note No. #10**

Cloud resource as per the requirement has been provided. User has been instructed to take VPN permission for new VMs.



27/10/2017 5:13 PM

MADHU CHHANDA SAMANTRAY  
(SR.TECH.DIR)

**Note No. #11**

31/10/2017 5:00 PM

SANJAY KUMAR SINHA  
(SR.TECH.DIR)

**Note No. #12**

31/10/2017 6:24 PM

JITENDRA ARORA  
(DIR)

**Note No. #13**

01/11/2017 10:47 AM

S K PANI  
(US)

**Note No. #14**

01/03/2018 12:06 PM

AMIT KUMAR-DD  
(DY.DIR)

**Note No. #15**

Z-18015/26/2016--eGov

FTS-3063831

**Subject: Transfer of Mera Aspataal Application to Centre for Health Informatics (CHI) for its implementation and expansion-reg.**

FR is a communication received from Additional Director, CHI vide letter No. NIHFW/CHI/Mobile-App/mHealth/2016 dated 02.02.2018 regarding Transfer of Mera Aspataal Application to Centre for Health Informatics (CHI) for its implementation and expansion.

2. Vide their letter, they apprised that MoHFW in partnership with USAID has been running Mera Aspataal initiative for utilizing mobile technology for capturing patient feedback with an objective to provide patient-centric care and to improve quality of services. The initiative has been running successfully since October 2016.

3. In this regard, they have informed that a meeting was held on 10.1.2017 under the chairmanship of AS&MD in which it has been decided to handover the Mera Aspataal Application to CHI/ e-Governance Division for its implementation and further expansion.

4. Further, they have informed that another meeting was held on 20.12.2018 under the chairmanship of AS&MD, in which it has been decided that a meeting should be scheduled with CHI/ e-Governance division and the same was held on 03.01.2018 to work out modality of technical and programmatic human resources requirement of proposed expansion plan of Mera Aspataal initiative.

5. They have sought the approval of MoHFW for transfer the ownership of Mera Aspataal application to CHI from SAATHI/USAID. The tentative fund requirement along with transition plan for carrying out the above activities is at pg-136/Cor.

File is submitted for consideration please





01/03/2018 4:34 PM

HUNNY WADHWA  
(ASO)**Note No. #16**

01/03/2018 5:03 PM

AMITA VAID  
(ASO)**Note No. #17**

Mera Aspatal App, which is broadly a patients feed back system, presently being managed by Sathi(with financial help of USAID) an organization appears to be having the status of a NGO.It has been hosted on NIC cloud allocated to MOHFW. After the decision to transfer the Mra Aspatal application to CHI, a meeting with Sathi/USAID and CHI was held on 03.01.2018, to work out modality of technical and programmatic human resources requirement of proposed expansion plan of Mera Aspataal initiative. Accordingly CHI, vide letter No. NIHFV/CHI/Mobile-App/mHealth/2016 dated 02.02.2018 has requested to sanction the manpower and and other expenditure as per the details given below:

**Transition Plan****Responsibilities of SAATHI/ USAID:**

- SAATHI/USAID will provide the necessary knowledge transfer, technology handover including training and capacity building plan of the application along with proper source code to **Centre for Health Informatics (CHI)**.

SAATHI/USAID will provide 2 months complete handholding and required support after the transition to **Centre for Health Informatics (CHI)**.

- SAATHI/USAID will transfer the NIC Cloud account to **Centre for Health Informatics (CHI)**.

**Responsibilities of Centre for Health Informatics (CHI):**

- CHI will arrange the recruitment of technical resources for implementation and technical support in Mera Aspataal application across the country.

The timeline for complete handholding of the application will be 6 months. Out of which:

- ▷ 2 months for complete user training and documentation
  - ▷ 4 months for necessary handholding and support.
- Hosting of Mera Aspataal application will be at CHI premises.

Tentative date of project start will be 01<sup>st</sup> April 2018.

CHI will provide hand-holding and required coordination with National Informatics Centre (NIC) for SMS gateway and necessary payments.

CHI will hire following technical resources for Mera Aspataal application:

- ▷ Program Manager
- ▷ Technical Supervisor
- ▷ Developer (integration)
- ▷ Developer (mobile)
- ▷ Developer (new feature)
- ▷ Tester
- ▷ Architect
- ▷ System Administrator

*\*Details of the technical resources are attached as **Annexure "A"**.*

**Annexure "A"**

S.No	Designation	No. of Person required	Educational Qualifications	Relevant Experience (Years)	Key Responsibilities
					<ul style="list-style-type: none"> <li>• Coordinate and organize meetings with the concerned stakeholders at the national level for programmatic and administrative activities.</li> <li>• Undertake regular visits to the states to sensitize the staff and monitor the IEC activities of Mera Aspataal application.</li> <li>• Conduct data quality assessments of the application in collaboration with the technical team on regular basis.</li> <li>• Keep track of all technical and administrative issues</li> </ul>

1	Program Manager	1	Master's degree in public health, hospital management, hospital administration, or equivalent	Minimum 5 years of work experience in implementing public health projects especially in IT sector	<p>with concerned stakeholders and take necessary actions to resolve such issues.</p> <ul style="list-style-type: none"> <li>• Share fortnightly updates for Mera Aspataal application with concerned authorities</li> <li>• Analyze patient feedback data on monthly basis and share the findings with stakeholders</li> <li>• Work with technical supervisor aggressively to complete the deliverables on time.</li> <li>• Prepare weekly, monthly and quarterly work and operation plans in consultation with the technical supervisor and other stakeholders to support the implementation of the different components of the project in a timely manner and updates the plans as and when required.</li> <li>• Work in collaboration with Quality Improvement team to link patient feedback data with the improvement of service quality at the facility level.</li> <li>• Monitor the progress on regular basis and communicate to the Addl. Director, CHI on various challenges and suggest corrective actions.</li> </ul>
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					<ul style="list-style-type: none"> <li>• Ensure timely delivery of system generated reports to the concerned stakeholders.</li> <li>• Any other duties and responsibilities assigned by the Addl. Director, CHI that is within the incumbent's expertise and experience.</li> </ul>
2	Technical Supervisor	1	B.E/B Tech	2+ Years	<ul style="list-style-type: none"> <li>• Co-ordinate with the stakeholders and plan a roadmap for new features.</li> <li>• Assign tasks to the team.</li> <li>• Plan release of the features.</li> <li>• Share release updates with the stakeholders on regular basis.</li> <li>• Ensure timely delivery of the planned features.</li> </ul>
3	Developer (integration)	1	B.E	1+ Years	<ul style="list-style-type: none"> <li>• Ensure the API formats are valid which are shared by the health facility/state.</li> <li>• Shift integration to production after completion of testing.</li> <li>• Configure monitoring system for the services.</li> <li>• Configure roles, users, and time for data pull/push.</li> <li>• Send request for IP whitelisting to technical supervisor</li> <li>• Provide access controls to officials at national, state, district and facility levels.</li> </ul>

4	Developer (mobile)	Android - 1 No iOS - 1 No	B.E	1+ Years	<ul style="list-style-type: none"> <li>• Build new features</li> <li>• Bug fixing</li> <li>• Manage the API's to the Mera Aspataal platform</li> </ul>
5	Developer (new feature)	1	B.E	1+ Years	<ul style="list-style-type: none"> <li>• Develop new features as part of the product roadmap (like dashboard, reports, access controls)</li> <li>• Bug fixes</li> </ul>
6	Tester	1	B.E	1+ Years	<ul style="list-style-type: none"> <li>• Test new features and integrations</li> </ul>
7	Architect	1	B.E	3+ Years	<ul style="list-style-type: none"> <li>• Create SOPs for improvement in third-party integrations, mobile app development etc.</li> <li>• Plan/ Design new features &amp; integrations.</li> <li>• Plan to scale-up the application.</li> </ul>
8	System Administrator	1	B.E	1+ Years	<ul style="list-style-type: none"> <li>• Manage and deploy cloud infrastructure</li> </ul>

#### Financial Requirement

1. **The technical resource deployment for 1 year in implementation and support shall be approx. 54.6 Lakhs as given in the table below:**

Serial#	Designation	No. of Person required	Expected Salary/Month (INR)	Expected Salary/Year (INR) in Lakhs
1	Program Manager	1	70k – 80k	9.6
2	Technical Supervisor	1	40k-50k	6.0
3	Developer (integration)	1	30k-35k	4.2
4	Developer (mobile)	Android - 1 No iOS - 1 No	30k-35k	4.2
5	Developer (new feature)	1	30k-35k	4.2

6	Tester	1	25k-30k	3.6
7	Architect	1	125k-150k	18.0
8	System Administrator	1	35k-40k	4.8
<b>Total cost in Lakhs (INR)</b>				<b>54.6</b>

**2. SMS Gateway cost will be approx. 34.4 Lacs and it is based on the assessment of amount spent in the last one year.**

In view of above it is submitted that request of CHI may please be considered for sanction however CHI will be instructed to hire the manpower as per need only.

05/03/2018 4:15 PM

**S C RAJEEV**  
(DIR)

**Note No. #18**

AS & Md in review meeting has directed to take over the application at CHI level. Necessary concurrence for provisions of funds for maintaining , hosting and recurring cost as proposed may be agreed to at NHM level so that further n/a at CHI level as per above proposal may be initiated pl.



11/03/2018 6:02 PM

**LAV AGARWAL**  
(JS)

**Note No. #19**

Please take inputs of Sr TD, NIC about the appropriateness of the proposal in terms of costing and need of the human resources. I think that the HR could be somewhat downsized.





15/03/2018 5:53 PM

MANOJ JHALANI  
(AS)

**Note No. #20**



16/03/2018 12:14 AM

LAV AGARWAL  
(JS)

**Note No. #21**

please provide input as directed by AS&MD above.

17/03/2018 11:43 AM

S C RAJEEV  
(DIR)

**Note No. #22**

1. While comparing the rates in the proposal (Table in Page 8) with the current NICSI rates of equivalent HR, on and average they are found to be similar. HR named as Technical Supervisor is not in the NICSI list of HR and Architect rates are higher than NICSI's Solution Architect. Current NICSI rates of Tier II and Tier III vendors are attached with this note.
2. The need of proposed configuration and quantity of HR, may be evaluated by a committee of senior officers from the Ministry with a member from NIC.

 **NICSI Tier II Manpower Rates.pdf**

 **NICSI Tier III Manpower Rates.pdf**

A large, light gray watermark with the word 'eSign' in a stylized script font. A green checkmark is positioned to the left of the 'e'.

06/04/2018 7:05 PM

SANJAY KUMAR SINHA  
(SR.TECH.DIR)

**Note No. #23**

07/04/2018 12:15 PM

S C RAJEEV  
(DIR)

**Note No. #24**

let a comm consisting of Mr. Sinha, Dir e H and Addnl Dir , CHI sit and decide the proposal and circulate. Its already delayed so pl. circulate the same by 12th April.



08/04/2018 10:26 AM

LAV AGARWAL  
(JS)

**Note No. #25**

Urgent!!

pl call a meeting as proposed above today on 9/4/18 at 5PM

09/04/2018 10:15 AM

S C RAJEEV  
(DIR)

**Note No. #26**

Reference-note above.

As desired, a meeting of the Committee consisting of Director(e-Health), Sr. Technical Director, NIC, MoHFW and Additional Director, CHI was held on 9.4.2018. [Minutes of the meeting\(p.140-141/Cor.\)](#) is placed on file for further orders please.



11/04/2018 6:07 PM

S K PANI  
(US)

**Note No. #27**

The Committee consisting of Director(e-Health), Sr. Technical Director, NIC, MoHFW and Additional Director, CHI met on 9.4.2018. The recommendations of the committee is placed at (p.140-141/Cor.) . Considering the activities ,the committee recommended that a team of senior Developer(2 no) and Developer (2 no) may be hired initially for transition of application please.

12/04/2018 3:12 PM

S C RAJEEV  
(DIR)

**Note No. #28**

In view of earlier remarks of AS & MD, the team as proposed above may be agreed to so that MERA ASPATAL application can be taken over by CHI. The funds required also may be provided by NHM.



12/04/2018 4:23 PM

LAV AGARWAL  
(JS)

**Note No. #29**

The Mera Aspatal application should be anchored with the PMRSSY it provides feedback of patients on their experience in various secondary and tertiary healthcare facilities. The funding also may take place from the administrative cost of PMRSSY.



12/04/2018 7:13 PM

MANOJ JHALANI  
(AS)

**Note No. #30**

The comments of CEO PM-RSSM may be obtained regarding anchoring Mera Asptal with PM-RSSM (NHA) and with his comments, the matter may be resubmitted.

15/05/2018 2:11 PM

ALOK SAXENA  
(JS)

**Note No. #31**

15/05/2018 5:43 PM

AJIT KUMAR DUNG DUNG  
(US)

**Note No. #32**



We may send the file to General Manager, NHA for comments

25/05/2018 3:14 PM

**NIDHI  
(ASO)**

**Note No. #33**

25/05/2018 4:34 PM

**AJIT KUMAR DUNG DUNG  
(US)**

**Note No. #34**

04/06/2018 5:53 PM

**B K DATTA  
(DS)**

**Note No. #35**

As discussed file is returned. Seems to be a doable concept. funding needs to be explored.

05/07/2018 3:41 PM

**DINESH ARORA  
(DIR)**

**Note No. #36**

The Ministry had rolled out the Mera Aspatal application through the NHM division with support from the USAID with an objective to capture patient feedback about our services and help us provide patient centred care. The support for the application has now to be continued by the Ministry.

In my last meeting it was decided that this application should be managed by the eGov division of the Ministry. The eGov division has submitted a proposal of manpower support to manage the Mera Aspatal application. We may support the proposal received from the eGov division from the NPMU of the NHM.

This application will be very useful for the NHPM to ascertain from the patients their experience in different public and private hospitals and putting that in public domain. Further, we could also capture if NHPM patients were made to pay some extra costs on the pretext that a particular procedure/ investigation was not covered in the package. In the scenario that NHPM uses the application, which it should, then it should incur bulk of the operational costs for supporting the application, in

future.

Post your approval, IFD's concurrence will be obtained.

A green rectangular stamp with a blue circular icon on the left and the text "Digitally Signed" in black.

11/07/2018 12:41 PM

MANOJ JHALANI  
(AS)

**Note No. #37**

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11/07/2018 5:54 PM

PREETI SUDAN  
(SECRETARY)

**Note No. #38**

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12/07/2018 9:40 AM

MANOJ JHALANI  
(AS)

**Note No. #39**

pl. put up a detailed note with suitable justification for approval of IFD as discussed already.

A green rectangular stamp with a blue circular icon on the left and the text "Digitally Signed" in black.

12/07/2018 4:17 PM

LAV AGARWAL  
(JS)

**Note No. #40**

12/07/2018 4:54 PM

S C RAJEEV  
(DIR)

**Note No. #41**

**Subject: Transfer of Mera Aspataal Application to Centre for Health Informatics (CHI) for its implementation and expansion-reg.**

The proposal on this file seeks concurrence of IFD for release of funds to Centre for Health Informatics (CHI), NIHFWS for implementation and expansion of Mera Aspataal Application.

2. Mera Aspataal (My Hospital) is an IT based feedback system launched by Government of India on 29th August, 2016. A multi-channel approach is used to collect information on patients' level of satisfaction i.e., Short Message Service (SMS), Outbound Dialling (OBD), Web Portal and Mobile Application. The initiative has been running successfully.

3. The Ministry had rolled out the Mera Aspataal application through the NHM division with support from the USAID with an objective to capture patient feedback about our services and help us provide patient centred care. The support for the application has now to be continued by the Ministry.

4. In this regard, it is submitted that a meeting was held under the chairmanship of AS&MD on [10.1.2017](#) in which it was decided to handover the Mera Aspataal Application to CHI/ e-Governance Division for its implementation and further expansion. In another meeting held on [20.12.2017](#) under the chairmanship of AS&MD, it was decided that a meeting should be scheduled with CHI/ e-Governance division to work out the modalities of technical and programmatic human resources requirement of proposed expansion plan of Mera Aspataal initiative and the meeting was held by CHI on [03.01.2018](#)

5. With reference to the above, CHI vide their letter dated [02.02.2018](#) sought the approval of MoHFW for transfer the ownership of Mera Aspataal application to CHI from SAATHI/USAID.

6. In this context, it was decided that a committee consisting of Shri



S.C. Rajeev, Director(e Health), Shri S.K. Sinha , Senior Technical Director (NIC) and Shri Ankit Tripathi, Additional Director (CHI) may be formed to assess the requirements of Human Resource for transition plan and operations of Mera Aspataal. The committee met on [09/04/2018](#) to discuss the issues.

7. As decided in the Committee meeting, the brief activities to be performed by the human resources for maintaining the Mera Aspataal application once it is handed over to CHI by M/s SAATHI are:

- i. Project monitoring
- ii. Project supervising
- iii. Development (integration)
- iv. Development (new features)

The details of these activities have been elaborated in the minutes of the meeting at page [140/Cor.](#)

8. For the above activities financial implications for manpower required and SMS Gateway/OBD cost for one year is as under:

- i. **The technical resource deployment for one year in implementation and support shall be approx. Rs. 27,16,296.00/- as given in the table below:**

S.No	Designation	NICSI Designation	No of Person	Activities responsible	Salary/Month/ person (As per NICSI as on date 10/04/2018)	Annual Salary
I.	Senior Developer	Developer (5+ year experience) (Tier III)	2	<ul style="list-style-type: none"> <li>● Project Monitoring</li> <li>● Project Supervising</li> </ul>	Rs. 65,453.00	Rs15,70,872.00
II.	Developer	Mobile Application developers (3-5 years experience) (Tier III)	2	<ul style="list-style-type: none"> <li>● Development (Integration)</li> <li>● Development (New Features)</li> </ul>	Rs. 47,726.00	Rs 11,45,424.00
<b>Total</b>						<b>Rs27,16,296.00</b>

- ii. **SMS Gateway/OBD cost will be approx. Rs. 34,40,000/- and it is based on the assessment of amount spent in the last one year which is subject to actuals.**

9. As mentioned by AS & MD at note on page 14/n,

“In my last meeting it was decided that this application should be managed by the eGov division of the Ministry. The eGov division has submitted a proposal of manpower support to manage the Mera Aspatal application. We may support the proposal received from the eGov division from the NPMU of the NHM. This application will be very useful for the NHPM to ascertain from the patients their experience in different public and private hospitals and putting that in public domain. Further, we could also capture if NHPM patients were made to pay some extra costs on the pretext that a particular procedure/ investigation was not covered in the package. In the scenario that NHPM uses the application, which it should, then it should incur bulk of the operational costs for supporting the application, in future”.

**This has been approved by Secretary (HFW).**

10. In view of the above, it is proposed that we may seek concurrence of IFD for release of funds amounting to **Rs. 61,56,296.00/-** to CHI from the NPMU of the NHM Division for implementation and expansion of Mera Aspataal Application. However, the SMS Gateway/OBD cost will be subject to actuals.



13/07/2018 4:56 PM

**S K PANI**  
(US)

**Note No. #42**

17/07/2018 8:58 PM

**S C RAJEEV**  
(DIR)

**Note No. #43**

may be approved pl.



23/07/2018 10:10 AM

**LAV AGARWAL**  
(JS)

**Note No. #44**

23/07/2018 3:04 PM

VANDANA JAIN  
(JS)**Note No. #45****Integrated Finance Division**

Preceding self contained note of PD may kindly be perused. IFD may concur in the proposal of PD to release an amount of Rs.61,56,296/- (Rs.27,16,296/- on account of annual salary for deployment of senior developer and developer of NICSI and Rs.34,40,000/- towards the cost of SMS gateway/OBD cost, subject to actuals) to CHI, NIHFV for implementation of Mera Aspataal application, whose transfer of ownership has been approved by Secretary (HFW) from M/s Saathi to CHI. It has been stated by PD that the said application is at present being implemented by M/s Saathi with support from USAID. The support for the application has now to be continued by the Ministry.

Submitted please

Digitally Signed

23/07/2018 4:00 PM

BIMAL KUMAR  
(US)**Note No. #46**Digitally Signed

23/07/2018 4:40 PM

VANDANA JAIN  
(JS)**Note No. #47**Digitally Signed



23/07/2018 4:44 PM

VIJAYA SRIVASTAVA  
(SPL SECRETARY)

**Note No. #48**

24/07/2018 12:07 PM

VANDANA JAIN  
(JS)

**Note No. #49**

**Integrated Finance Division**

C.D. No. is 1284 dt.24.07.18.

24/07/2018 4:28 PM

BIMAL KUMAR  
(US)

**Note No. #50**



27/07/2018 2:40 PM

LAV AGARWAL  
(JS)

**Note No. #51**

27/07/2018 5:33 PM

S C RAJEEV  
(DIR)

**Note No. #52**



27/07/2018 5:38 PM

**S K PANI**  
(US)

**Note No. #53**

01/08/2018 1:31 PM

**AMITA VAID**  
(ASO)

**Note No. #54**

A draft conveying approval of transfer of ownership of Mera Aspataal to CHI has been prepared and is placed for approval please.

01/08/2018 3:27 PM

**ASHISH SHARMA-II(EGOV)**  
(ASO)

**Note No. #55**



01/08/2018 4:37 PM

**S K PANI**  
(US)

**Note No. #56**

01/08/2018 6:40 PM

**S C RAJEEV**  
(DIR)

**Note No. #57**